

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1802
Do not use this space.

1. PLACE OF DEATH
(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 3007 Registered No. 3
(c) City Poplar Bluff (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Margaret Casey
(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. H. Casey</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 4 1869</u> | | |
| 7. AGE | YEARS <u>✓</u> | MONTHS <u>3</u> |
| | <u>72</u> | <u>184</u> |
| | | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>house wife</u> | 11. Total time (years) spent in this occupation <u>12-25-39</u> |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boysville, Ky. 1</u> | | |
| FATHER | 13. NAME <u>Geo Reynolds</u> | <u>9</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>✓</u> | <u>9</u> |
| MOTHER | 15. MAIDEN NAME <u>Riddle</u> | <u>9</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>✓</u> | <u>9</u> |
| 17. INFORMANT (ADDRESS) <u>E. R. Casey</u> <u>Fiske, Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dudley, Mo</u> DATE <u>Jan 3 1940</u> | | |
| 19. FUNERAL DIRECTOR (ADDRESS) <u>Marshall Shain</u> <u>Fiske, Mo</u> | | |
| 20. FILED <u>1/3</u> 19 <u>40</u> <u>Obelsting</u> Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1940

22. I HEREBY CERTIFY, that I attended deceased from Dec 31 1939 to Jan 2 1940
I last saw her alive on Jan 2 1940. Death is said to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:
Toxemia
pulmonary Edema
1811
Other contributory causes of importance:
Infected second & third
degree Burns
12/25/39

Date of onset
12/28/39
1/1/40

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/25 1940
Where did injury occur? Home Fiske, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Clothing caught fire from stove
Nature of injury 2nd & 3rd degree burns of body

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Geo. L. Qualls, M. D.
(Address) Poplar Bluff, Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH
 (a) County Butler Registration District No. 89
 (b) Township Paplar Bluff Primary Registration District No. 3007
 (c) City Paplar Bluff (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Casey
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-4-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 70 3 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/9 40 Abt... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1940

22. I HEREBY CERTIFY, that I attended deceased from _____, 19... to _____, 19...

I last saw h... alive on _____, 19... Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19...

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) O. L. Swalls, M. D.

(Address) Paplar Bluff Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

