FILED MAR 14 1940

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

Do not use this space.

1. PLACE OF DEATH
County Washington
Township Breton
City Potosi
Registration District No. 887
Primary Registration District No. 6479
File No. 8508
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME 300 Vincent W. Casey
(a) Residence, No. [illegible] St., ... Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/15/1906
7. AGE YEARS 33 MONTHS 11 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
9. Industry or business in which work was done, as silk mill, 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) Potosi Mo. 0

FATHER
13. NAME L.W.Casey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo. 0

MOTHER
15. MAIDEN NAME Ava Watkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey 1

17. INFORMANT (ADDRESS) L.W.Casey Potosi Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo. DATE 2/22/40 19
19. UNDERTAKER (ADDRESS) J.B.Boyer & Son Potosi Mo.
20. FILED Feb 25 1940 G.F. Cressmile Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/1940, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 1938, to Feb 19, 1940
I last saw him alive on Feb 19, 1940 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Glomer Nephritis 131

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? No
If so, specify .....
(Signed) G.F. Cressmile, M. D.
(Address) Potosi Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-3-[illegible]-35

MAY 10 1943