

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

Do not use this space.

15751

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Townshp. Sedalia Primary Registration District No. 3032
 City Sedalia (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 135

2. FULL NAME

21. Claude Casey
 (a) Residence, No. Sedalia St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 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) 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
What 50

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unable to work
 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) Cherokee Co.

MOTHER FATHER
 13. NAME Henry Casey

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

MOTHER
 15. MAIDEN NAME Matilda Henderson

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

17. INFORMANT Charles Carter (ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE April 5 1940

19. UNDERTAKER F. P. Ferguson (ADDRESS) Sedalia, Mo.

20. FILED 4-5-40 1940 Wm. Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4-1940

22. I HEREBY CERTIFY, That I attended deceased from 4-3-1940 to 4-4-1940
 I last saw h.s.m. alive on 4-4-1940 1940. Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Tuberc. Toraxio
Patent was a narrow - (deformed)
 Other contributory causes of importance:
Acute Myocarditis

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

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) A. R. Muddox, M. D.
 (Address) 162 W. Main

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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-15-40