

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

Do not use this space.

17703

## 1. PLACE OF DEATH

County Linn  
Township Yellow Creek  
City (No.)

Registration District No. 496  
Primary Registration District No. 5670

File No. 38  
Registered No. 38  
St.        Ward       

## 2. FULL NAME

(a) Residence. No. 742 Miles N.E. of Brookfield Mo  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF N. B. Nelly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29-1859

7. AGE YEARS 68 MONTHS 4 DAYS 11 If LESS than 1 day, hrs.        min.       

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home work  
(b) General nature of industry, business, or establishment in which employed (or employer) General - Home work  
(c) Name of employer       

9. BIRTHPLACE (CITY OR TOWN) Near Milan Mo  
(STATE OR COUNTRY) Sullivan County Mo

10. NAME OF FATHER Isaac Newton Cassidy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)       

12. MAIDEN NAME OF MOTHER Martha Victor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near Milan  
(STATE OR COUNTRY) Sullivan County Mo

14. INFORMANT N. B. Nelly  
(Address) Brookfield Mo P. O. # 3

15. FILED 5/10 1928 James Evans REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-10 1928

17. I HEREBY CERTIFY That I attended deceased from 5-10 1928, to 5-10 1928  
that I last saw her alive on 5-10 1928, and that death occurred, on the date stated above, at 11:40 a m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Haemorrhage  
82 R 74 Q1  
11 B (duration)        yrs.        mos. 14 ds.

CONTRIBUTORY Flu (SECONDARY) (duration)        yrs.        mos. 7 ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH       

19. DID AN OPERATION PRECEDE DEATH?        DATE OF       

20. WAS THERE AN AUTOPSY?       

## WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. E. Jenkins, M. D.  
, 19        (Address) Brookfield Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Garden Cemetery DATE OF BURIAL May 17 1928

20. UNDERTAKER M. Y. Rust ADDRESS Brookfield Mo

