

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

Do not use this space.

37085

**1. PLACE OF DEATH**

County Linn  
Township Enterprise  
City P.O. Enterprise, Mo.

Registration District No. 497  
Primary Registration District No. 5673

File No. \_\_\_\_\_  
Registered No. 42  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Enterprise St. Linn County, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Cassity</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 17 - 1872</u>		
7. AGE <u>61</u>	YEARS <u>1</u>	MONTHS <u>24</u>
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Homo Maker</u>		
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) <u>William Cassity</u>
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
15. MAIDEN NAME <u>Louisa Jones</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>

17. INFORMANT <u>Mrs. Grace Woodside</u> (Daughter)
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Enterprise</u> DATE <u>Nov 4</u> 19 <u>33</u>
19. UNDERTAKER <u>Wm. Cassity</u>
20. FILED <u>10/6</u> 19 <u>33</u> (Mrs) <u>Chie Depack</u> Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from

1933 to 1933  
I last saw him alive on Nov. 4 1933. Death is said to have occurred on the date stated above, at 4 P.M.  
The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
Appoplexy  
Other contributory causes of importance: 82 a

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 \_\_\_\_\_ 1933

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. H. Becker M.D.  
(Address) Browning road

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.

NOV 10 1933

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