

APR 11 9 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

9756

## 1. PLACE OF DEATH

County Linn  
 Township Locust Creek  
 City Linneus (No. 501)

Registration District No. 501  
 Primary Registration District No. 5666

File No. 9756  
 Registered No. 9756  
 St. Linneus Ward 1

2. FULL NAME Donald Roy Cassity

(n) Residence, No. 501 St. Linneus Ward 1  
 (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 XXXXXXXXXXXXXXXXXXXX  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 19th 1913  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 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) Linneus  
 (STATE OR COUNTRY) Missouri.

13. NAME Norman Cassity  
 14. BIRTHPLACE (CITY OR TOWN) Sullivan Co.  
 (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Rhea Betson  
 16. BIRTHPLACE (CITY OR TOWN) XXXXXXXXXXXX  
 (STATE OR COUNTRY) Indiana.

17. INFORMANT Mrs. Norman Cassity  
 (ADDRESS) Linneus, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem. DATE 3/23/1935

19. UNDERTAKER Thorne Undertaking Co.  
 (ADDRESS) Linneus, Missouri.

20. FILED 4-8 1935 J. W. W. et al  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1935, to Mar 21, 1935  
 I last saw him alive on Mar 21, 1935. Death is said

to have occurred on the date stated above, at 10:30 P.m.  
 The principal cause of death and related causes of importance were as follows:

measles  
 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  
 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) J. O. Carriaco M.D.  
 (Address) Linneus Mo

25. Was death due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 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

26. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify

(Signed) J. O. Carriaco M.D.  
 (Address) Linneus Mo

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.

