

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

Do not use this space.

**MAY 20 1937**

**1. PLACE OF DEATH**

1/2 County Henry  
4 Township  
7 City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 54903018

File No. 16462  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Jester Cassity

(a) Residence, No. 113 W. Benton 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maudie Cassity

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 8 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex soldier

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) Jasper Mo

13. NAME Jake Cassity

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Maudie Cassity Clinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 4/28 37

19. UNDERTAKER (ADDRESS) Consolus & Peck Clinton Mo

20. FILED 5-1 1937 J. R. Hampton Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-11 1937 to 4-28 1937

I last saw him alive on 4-21 1937 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

pyelonephritis, & cystitis Date of onset 1936

Other contributory causes of importance: 11/10  
Cystitis & ulcer of stomach

Name of operation Date of  
What test confirmed diagnosis? 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) J. D. Walker, M. D.

(Address) Clinton 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.

