

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry
Township Osage
City Brammington (No. _____ St. _____ Ward)

Registration District No. 345
Primary Registration District No. 4200

File No. 10883
Registered No. 287

2. FULL NAME

Clarence Ebenezer Kasack 220

(a) Residence, No. _____ St. _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Thelma Kasack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 65 8 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rural Letter Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postoffice Dept.
10. Date deceased last worked at this occupation (month and year) December 1933 11. Total time (years) spent in this occupation 30 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Illinois

MOTHER 13. NAME E. L. Kasack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio Surgey Co

15. MAIDEN NAME Elizabeth Douglas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio Surgey Co

17. INFORMANT (ADDRESS) Ralph B. Kasack 4600 E 27th Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brammington Mo. DATE April 7, 1938

19. UNDERTAKER (ADDRESS) C. A. Rickett Brammington Mo.

20. SIGNATURE C. D. Taylor, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1938, to Apr 5, 1938. I last saw him alive on Apr 5, 1938. Death is said to have occurred on the date stated above, at 1:30 pm. The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance: 9:11

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 _____, 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) C. D. Taylor, M. D.
(Address) Brammington, 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.

