

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

Do not use this space.

REC'D DEC 21 1938

1. PLACE OF DEATH

County Linn
Township Enterprise
City Enterprise (No. 1)

Registration District No. 497
Primary Registration District No. 5673

File No. 39692
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Benjamin Franklin Cassity
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1880

7. AGE YEARS 58 MONTHS 7 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mo.

13. NAME Andrew Cassity

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Amanda M. Gee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

17. INFORMANT Cecil Cassity (ADDRESS) Browning, Mo.

18. BURIAL, CREMATION, OR REMOVAL Place Enterprise DATE 11-8, 1938

19. UNDERTAKER Glenn E. Kent (ADDRESS) Green City, Mo.

20. FILED Nov. 30, 1938 Thos. L. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to Nov 6, 1938

I last saw him alive on Aug 15, 1938. Death is said to have occurred on the date stated above, at 2 o m.

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

Chronic Tuberculosis

Date of onset _____

Other contributory causes of importance:

Chronic Mitral regurgitation

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum 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? No
If so, specify _____

(Signed) J. B. Brown, M. D.

(Address) Richmond, Mo.

31
10-28-68

RECEIVED

District Health Officer No. 10

District File Number 10-28-668

Date Filed 12-10-38