

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

Do not use this space.

14447

39  
MAY 25 1929

**CERTIFICATE OF DEATH**

County Greene Registration District No. 9th  
 Township Taylor Primary Registration District No. 5438  
 City (No. ....) Sl. .... Ward (No. ....)

File No. 9  
 Registered No. 9

2. FULL NAME Wilson Sherman Cassell  
 (a) Residence. No. .... Sl. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Abbie Jane Cassell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	62	6	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Cornetaville  
 (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Rufus Cassell

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
 (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Hurmet Peaches

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
 (STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. C.R. Benton  
 (Address) Pleasant Hope Mo.

15. May 4 1929 A. D. Davis REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 16 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 that I last saw him dead April 16, 1929, and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary Sclerosis

9/11/29 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 9/11/29 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED.....  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) Lawrence C. Stone, Coroner, M. D.

Apr 16, 1929 (Address) Springfield, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Hope Mo DATE OF BURIAL April 21 1929

20. UNDERTAKER C. R. Benton ADDRESS Pleasant Hope Mo.

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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