

WRITE PLAINLY, 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.

OCT 28 1930

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

Do not use this space.

15213^a

1. PLACE OF DEATH
County Adair Registration District No. 15213-a 4
Township _____ Primary Registration District No. 3001
City Richville (No. _____) _____ (Ward)

File No. _____
Registered No. 144

2. FULL NAME Merna A. Cassin
(a) Residence. No. _____ St. _____ Ward. Rawlin Wyoming
(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 MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23, 1930
17. _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Cassin

I HEREBY CERTIFY, That I attended deceased from May 17, 1930, to May 23, 1930 that I last saw her alive on May 23, 1930, and that death occurred, on the date stated above, at Richville, Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5-1890.

THE CAUSE OF DEATH* WAS AS FOLLOWS: -

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 39 11 18.

mania
131
132 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Kidney degeneration
(duration) 2 yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wif.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

9. BIRTHPLACE (CITY OR TOWN) Rawlin Wyo.
(STATE OR COUNTRY) _____

10. NAME OF FATHER Andrew Johnson

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

12. MAIDEN NAME OF MOTHER Christiana Jygard

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

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. G. Gault M. D.
(Address) Richville, Mo.

14. INFORMANT Norman Johnson
(Address) Rawlin Wyo.

*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.

15. FILED 9-29-30 Mrs. C. H. Becker
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rawlin Wyoming DATE OF BURIAL May 29 1930

20. UNDERTAKER Summer Son ADDRESS Richville

Geo. M. Laughlin
1854

Was this a pro-
erperal case?

No

cated by check marks, lacking from the death certificate.

Name: Mena H. Cassinet

Who died at: Kirksville, Mo on May 23, 1930

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) 1290

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Uremia

Contributory: Kidney Degeneration

was not a periperal case

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

