NOV 23 1931

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

Do not use this space.

33886

1. PLACE OF DEATH
County Chariton
Township Chariton
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 175
Primary Registration District No. 5248

File No. .....
Registered No. 60

2. FULL NAME Margaret Cason

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) life (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 Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Cason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12 1840

7. AGE YEARS 91 MONTHS 2 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Polly Bolden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mary Birch Glasgow, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rockcrown Cem DATE Oct 15 1931

19. UNDERTAKER (ADDRESS) Vandiver & Audsley Glasgow Mo

20. FILED 10/14 1931 G. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Oct 24, 1931
I last saw her alive on Sept 12, 1931. Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

Fracture Femur

Date of onset

Other contributory causes of importance:

1869
1890

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 no to agree
(Signed) W. B. Kitchen, M. D.
(Address) Glasgow Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Chariton — Registration District No. 175 — File No.
Township " " — Primary Registration District No. 5248 — Registered No. 60
City (No. , St. Ward)

2. FULL NAME Margaret Cason
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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 F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

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

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 12/4 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of femur	X
Other contributory causes of importance: Fall on floor	8-9-1931

Name of operation 1/6 C 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 8-9, 1931
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fell in floor
Nature of injury Fracture femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N. B. Kitchen, M. D.
(Address) Glasgow, Mo.

SUPPLEMENTARY

S-33886