

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Schuyler
Township Liberty
City Lancaster (No. _____)

Registration District No. 805
Primary Registration District No. 4484

File No. 15375
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William L. Casper

(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 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. W. L. Casper (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 8 17

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

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) Schuyler Co. Mo.

13. NAME Wm Casper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Phoebe Myrtle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not know

17. INFORMANT (ADDRESS) A. A. Justice Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE So. Cemetery DATE Apr. 8 1934

19. UNDERTAKER (ADDRESS) John A. Roberts Lancaster, Mo.

20. FILED Apr. 7 1934 Byrdie Drake Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1934 to April 5 1934. I last saw him alive on April 14 1934. Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Cerebral Hemorrhage
Arteriosclerosis
Chronic Myocarditis

Other contributory causes of importance: 93 93 93

Name of operation none 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? No

If so, specify _____ (Signed) A. J. Drake, M. D.

(Address) Lancaster, Mo

(A. J. DRAKE.)

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.

