

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.

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

Do not use this space.

15761

1. PLACE OF DEATH

County

Johnson

Registration District No.

431

Township

City

Warrensburg

(No.)

Primary Registration District No.

3023

File No.

41

Registered No.

43

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

E. W. Cassingham

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

Feb - 23 - 1866

7. AGE

YEARS
70MONTHS
1DAYS
18If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Housekeeper

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)Gardner
Ill.

FATHER

13. NAME

Chester R. Snyder

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Red Creek
New York

MOTHER

15. MAIDEN NAME

Julia Howland

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Red Creek
New York17. INFORMANT
(ADDRESS)E. W. Cassingham
Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Hill DATE Apr - 13 - 1936

19. UNDERTAKER
(ADDRESS)Sweeney Phillips
Warrensburg, Mo.

20. FILED

Apr 13, 1936

Enal Gentry
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr - 11 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

I was summoned to bed after death.

I last saw him alive on April 13, 1936 Death is said

to have occurred on the date stated above, at 8:45 p.m.

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

Date of onset

The patient had no
physical signs
in his history of family.
He died of
Mitral insufficiency

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis? none 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) E. W. Cassingham, M. D.

(Address) Warrensburg, Mo

