

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.

DEC 20 1937

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

Do not use this space.

40434

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Kaw Primary Registration District No. 1002 Registered No. 4748
City Kansas City, Mo. (No. 3119 Brooklyn Avenue, K.C. Mo. St. _____ Ward _____)

2. FULL NAME Joseph Marshall Cason, Sr.

(a) Residence, No. 3119 Brooklyn Avenue, City, 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 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 Cora C. Cason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9th, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>72</u>	<u>72</u>	<u>3</u>	<u>16</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor, Burlington R.R.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Thorntown,
(STATE OR COUNTRY) Indiana.

MOTHER FATHER
13. NAME William H. Cason,
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Nancy Ann Utter,

16. BIRTHPLACE (CITY OR TOWN) Indiana.
(STATE OR COUNTRY)

17. INFORMANT Cora C. Cason, 3119 Brooklyn,
(ADDRESS) 3119 Brooklyn Avenue, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill Cem. DATE Nov. 27 1937

19. UNDERTAKER Mrs. C. L. Forster
(ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED Nov 26, 1937 M. M. Growe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-10 1937 to 11-25- 1937

I last saw him alive on 11-25- 1937 Death is said to have occurred on the date stated above, at 2.45 P.M.

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

Influenza
Bronchial Pneumonia
11a

Other contributory causes of importance:

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 _____

(Signed) J. M. Growe, M. D.

(Address) 512 Angelle Bldg

Dr. Nigro.

Amville

Feb 23 1899

Dr. Nigro