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

REC'D APR 18 1939

Do not use this space.

10956

1. PLACE OF DEATH

42 County *J. Henry* 2 Registration District No. *347* File No. _____

Township *Fields Creek* 1 Primary Registration District No. *5490* Registered No. _____

City _____ (No. _____ St. _____ Ward)

2. FULL NAME 200 *George Washington Cass*

(a) Residence, No. *312 N 5th* 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) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 14 1867*

7. AGE YEARS *71* MONTHS *7* DAYS *26* If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

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

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 *33*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Woodsfield Ohio*

FATHER

13. NAME *John Cass*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

MOTHER

15. MAIDEN NAME *Anna Fawcett*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not Known*

17. INFORMANT (ADDRESS) *Mrs Muddy Smith Cass*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Englewood* DATE *3-12* 39

19. UNDERTAKER (ADDRESS) *Spare & Son*

20. FILED *3-20* 1939 *Dr J R Hampton* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3 - 10* 1939

22. I HEREBY CERTIFY, That I attended deceased from *8 - 24* 1938 to *3-10* 1939

I last saw h___ alive on *3-5* 1939 Death is said to have occurred on the date stated above, at *12:06* m.

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

Valvular heart disease

Other contributory causes of importance: *arterio sclerosis*

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) *Joseph B Small* , M.D.

(Address) *Clinton, Mo.*