DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30109

Registration District No. 773 — Primary Registration District No. 6018A — Registrar's No. 133

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington St Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. H 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler Co.
(c) City or town Hendrickson
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MINNIE J. CASEY 2nd
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec - 4 - 1902 (Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Hendrickson (City, town, or county) Mo (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Tom Casey
13. Birthplace Miss. Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Maggie
15. Birthplace Miss. Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant's own signature Tom Casey
(b) Address Hendrickson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-39 (Month) (Day) (Year)
(c) Place: burial or cremation Hendrickson Mo
18. (a) Signature of funeral director Sheer Coby
(b) Address Poplar Bluff, Mo.
19. (a) Aug 16-39 (Date received local registrar) (b) B. J. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 16
year 1939 hour 5:20 a.m. minute M.
21. I hereby certify that I attended the deceased from 5-16, 1939 to 8-16, 1939;
that I last saw her alive on 8-15, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septicemia, organism undetermined probably Vincent's organisms	10 days
Due to Vincent's Angina	? several wks.
Due to Fusiform bacillus and Vincent's Spirochete	"
Other conditions (Include pregnancy within 3 months of death): Psychosis with Mental Deficiency with Secondary Epilepsy	33 yrs.

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. C. Auth (M. D. or other)
Address Farmington, Mo. Date signed 8/17/39

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

me — ——, Registered Apprentice No.

working under my personal supervision.

Signed C. Hugo Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.