

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

Do not use this space.

18123

**1. PLACE OF DEATH**

County Jackson  
Township Franklin  
City Keosauqua (No. 5827 E 11)

Registration District No. 399  
Primary Registration District No. 102

File No. \_\_\_\_\_  
Registered No. 1004  
St. 12th Ward

**2. FULL NAME**

Alexander W. Cassity  
(a) Residence No. 5827 E 11 St. 12 Ward 8  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tennessee Cassity

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 1 21

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer 1  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

10. NAME OF FATHER A. W. Cassity

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Martha McClintock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT Fred B. Cassity  
(Address) 5827 E 11

15. FILED 5/19 1931 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-19 1931

17. I HEREBY CERTIFY, That I attended deceased from 5-17 1931 to 5-18 1931 that I last saw him alive on May 18 1931 and that death occurred, on the date stated above at 6 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
97  
1118 Arterio Sclerosis  
(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia  
Neither bronchio or lobar  
(duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH   
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) C. R. Crooks, M. D.  
5/19, 1931 (Address) 6235 E. 15.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wash. Washington DATE OF BURIAL 5-20 31

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K. C. Mo.

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.

6235 L. 15 - B&D 140

V2- 7134

5 pm