

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

Do not use this space.

42925

1. PLACE OF DEATH

County Sullivan Registration District No. 852
Township Pleasant Hill Primary Registration District No. 6122
City (No. _____) St. _____ Ward _____

2. FULL NAME

Carolina Clerasij Cassity
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Alva Cassity

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Mo. 1

13. NAME Wm Chapman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

15. MAIDEN NAME Mary Browning

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 19

17. INFORMANT (ADDRESS) Mrs Will Barkley Browning, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 12-2, 1932

19. UNDERTAKER (ADDRESS) Glenn E. Hunt Green City Mo

20. FILED Dec 5, 1932 Mayme Caffee Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1932, to Nov 30, 1932

I last saw her alive on Nov 30, 1932. Death is said to have occurred on the date stated above, at 5 A.M.

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

Flue

11B

11B

Date of onset 2nd. 28-

Other contributory causes of importance:

23. 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) Ross H. Sheple, M. D.

(Address) Green City Mo.

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.

6

7