

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

Do not use this space.

17703

1. PLACE OF DEATH

County Linn Registration District No. 496
 Township Yellow Creek Primary Registration District No. 5670
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 7 1/2 Miles N.E. of Moorfield Mo 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) married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF M. R. Nelly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 | 4 | 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home work
 (b) General nature of industry, business, or establishment in which employed (or employer) General - Home work
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Near Milan Mo
 (STATE OR COUNTRY) Sullivan County

10. NAME OF FATHER Isaac Newton Cassidy

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

12. MAIDEN NAME OF MOTHER Martha Victor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near Milan
 (STATE OR COUNTRY) Sullivan County Mo

14. INFORMANT N. B. Nelly
 (Address) Moorfield Mo P. O. # 3

15. FILED 5/10 1928 Jane Evans
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-10 1928

17. I HEREBY CERTIFY That I attended deceased from 5-10 1928, to 5-10 1928 that I last saw her alive on 5-10 1928, and that death occurred, on the date stated above, at 11:40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage

82 R 74 Q1
11 B (duration) _____ yrs. _____ mos. 14 ds.

CONTRIBUTORY Flu (SECONDARY) (duration) _____ yrs. _____ mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) L. E. Jenkins, M. D.
 , 19 (Address) Brookfield Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Garden Cemetery DATE OF BURIAL May 17 1928

20. UNDERTAKER M. Y. Rust's ADDRESS Brookfield 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.

JUL

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