

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1596

1. PLACE OF DEATH

County Linn Registration District No. 409 File No. \_\_\_\_\_  
Township Linn Primary Registration District No. 5030 Registered No. 3  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James M Cassidy

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Belle Cassidy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 5 22

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

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kenn

10. NAME OF FATHER David Cassidy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kenn

12. MAIDEN NAME OF MOTHER Mary McCormick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Iowa

14. INFORMANT Etta Moore (Address) Mills 870

15. FILED 1-31 1929 W.S. Bruney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9 1924

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1922, to 1-9 1924 that I last saw h. living alive on 12-31 1923, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

coronary atherosclerosis

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

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? Chronic Aneurysm  
(Signed) W.S. Bruney M. D.

, 19 (Address) Mills 870

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Goss Cemetery DATE OF BURIAL 1-9 1924

20. UNDERTAKER Gov Morris ADDRESS Mills 870

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.

was out of tabs at the time

# LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

N. B.—Every item of information should be 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.

**1. PLACE OF DEATH**  
 County.....  
 Township.....  
 City.....  
 Registrar District No. ....  
 Primary Registrar District No. ....  
 (No. ....)  
 File No. ....  
 Registered No. ....  
 (Ward)

**2. FULL NAME**.....  
 (a) Residence No. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ....  
 (If nonresident give city or town and State)  
 How long in U.S., if of foreign birth? yrs. mos. da. ....  
 Ward.....

### PERSONAL AND STATISTICAL PARTICULARS

**3. SEX**.....  
**4. COLOR OR RACE**.....  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word)  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF.....  
 (OR) WIFE OF.....

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR)  
 YEARS MONTHS DAYS  
**7. AGE** YEARS MONTHS DAYS  
 IF LESS THAN 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work.....  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
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**9. BIRTHPLACE** (CITY OR TOWN).....  
 (STATE OR COUNTRY).....

**10. NAME OF FATHER**.....  
 (STATE OR COUNTRY).....

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN).....  
 (STATE OR COUNTRY).....  
**12. MAIDEN NAME OF MOTHER**.....  
**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN).....  
 (STATE OR COUNTRY).....

**14. INFORMANT**.....  
 (Address).....

**15. FILED**..... 19.....  
 REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

**16. DATE OF DEATH** (MONTH, DAY AND YEAR)..... 19.....

**17. I HEREBY CERTIFY, That I attended deceased from**.....  
 that I last saw h..... alive on....., 19....., to....., 19....., and that death occurred, on the date stated above, at..... m.

#### THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**CONTRIBUTORY**.....  
 (SECONDARY)  
 (duration)..... yrs. .... mos. .... da.  
 (duration)..... yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., 19..... (Address)....., M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**.....  
 DATE OF BURIAL..... 19.....

**20. UNDERTAKER**.....  
 ADDRESS.....