

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

Do not use this space.

19161

File No. _____
Registered No. **# 8** St. _____ Ward)

1. PLACE OF DEATH

20 County Madison
1 Township Port
2 City El Dorado Springs (No. _____)

Registration District No. 163
Primary Registration District No. 4095

2. FULL NAME

Oliver Perry 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 male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16 - 1848
7. AGE YEARS 85 MONTHS 1 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Kentucky

FATHER **13. NAME** Geo. W. Cassity
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) va.

MOTHER **15. MAIDEN NAME** Lucinda Ellington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Lou Cassity
(ADDRESS) El Dorado Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE city urn DATE June 17, 1933

19. UNDERTAKER Maple & Unigal Home
(ADDRESS) El Dorado Springs

20. FILED 6-17- 1933 W. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to June 15, 1933
I last saw him alive on June 15, 1933. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset June 27
97 97
Other contributory causes of importance:
Arterio Sclerosis

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) W. Dawson, M. D.
(Address) El Dorado Springs 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 21 1933

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STATE BOARD OF HEALTH—MISSOURI—RECORD

