

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

Do not use this space.

12824

1. PLACE OF DEATH

County Jackson
Township J. H. Law
City J. C. (No. 504 Hensington)

Registration District No. 39
Primary Registration District No. 10

File No. _____
Registered No. 1153
St. _____ Ward _____

2. FULL NAME

Pernettie Cassity
(a) Residence. No. 504 Hensington Ward. 10

(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. H. Cassity</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 28, 1864</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>6</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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) Va.

10. NAME OF FATHER Thos. Burgess
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Do not know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Va.

14. INFORMANT Mable Hooper
(Address) 504 Hensington

15. FILED 4/27/30 M. M. Brown
REGISTRAR
Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21, 1930
17. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1930, to Apr 21, 1930, that I last saw her alive on Apr 20, 1930, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107
112
Lobar Pneumonia
(duration) _____ yrs. mos. 7 ds.
CONTRIBUTORY Bronchial Asthma
(SECONDARY) for longer
(duration) _____ yrs. mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 101A
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
9 WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Physicil signs
(Signed) Dean S. Puring, M. D.
4/27, 1930 (Address) 602 ARGYLE BLDG.

*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 Barnard, Mo. DATE OF BURIAL Apr 23, 1930

20. UNDERTAKER C. H. Blackburn & Son ADDRESS 2825 Ind. Bldg.

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.

2

582 Argyle