

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

Do not use this space.

40011

**1. PLACE OF DEATH**

County Linn Registration District No. 500  
Township Laclede Primary Registration District No. 4303  
City Laclede No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 11 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Laclede Mo. 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 Isaac Newton Cassidy  
Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 10 7

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

9. BIRTHPLACE (CITY OR TOWN) Edina, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Willis Hogan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Owens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

14. INFORMANT D. E. Riddle  
(Address) 2231 Fairfield St. Springfield, Mo.

15. FILED 1/30 1930 J. W. Bunsie  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 17/21/30 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930 to Dec 27, 1930 that I last saw her alive on Dec 27, 1930, and that death occurred, on the date stated above, at 4 m.

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

Strangulated Inguinal Hernia

1298 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 11611 (duration) yrs. mos. ds.

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? Symptoms  
(Signed) J. W. Bunsie, M. D.

(Address) Laclede Mo

\*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 Laclede Cemetery DATE OF BURIAL 5/20/30

20. UNDERTAKER W. G. Ruck ADDRESS Springfield

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 20 1930

MARCH RESERVED FOR BINDING

V. 500. 2.

