

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.

SEP 21 1937

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

James W. Allen
Do not use this space.

1. PLACE OF DEATH

County *Mellor*
Township *Springdale*
City *Stirling* (No. *2*)

Registration District No. *561*
Primary Registration District No. *57.55A*

File No. *31234*
Registered No. *5-2*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Wayne Sterling Cassidy

St. _____ Ward _____

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sep. 11 1920*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 11 20

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farming*

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) *Missouri*

13. NAME *James A. Cassidy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *Dottie Russell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *James A. Cassidy*
(ADDRESS) *Stirling, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Springdale* DATE *Sep. 1 1937*

19. UNDERTAKER *Phillips Funeral Home*
(ADDRESS) *Stirling, Mo.*

20. FILED *9-1* 1937 *Belle Hayden*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 31 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 26* 1937 to *Aug 31* 1937

I last saw *W. S. M.* alive on *Aug 31* 1937 Death is said

to have occurred on the date stated above, at *St. A., Mo.*

The principal cause of death and related causes of importance were as follows:

Several peritonitis Date of onset *Aug 29*

Other contributory causes of importance: *Mumps*

Name of operation *None* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

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) *James W. Allen*, M. D.

(Address) *Ellon Mo*

