

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

Do not use this space.

38753

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
 Township 11 Primary Registration District No. 2009  
 City 11 (No. 11) St. Francis Hospital St. 11 Ward 11

File No. \_\_\_\_\_  
 Registered No. 567

**2. FULL NAME**

Mrs. Floeie Du Casley  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 - 1910

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House work.  
 (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)**

Cape Girardeau Co

**10. NAME OF FATHER**

D F Mc Clard

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Cape Girardeau Co

**12. MAIDEN NAME OF MOTHER**

Fannie Sides

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

Cape Girardeau Co

**14. INFORMANT (Address)**

Mr Gene Casley  
626 N Spanish St

**15. FILED**

17/10/30 W C Kumpfer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1930

17. I HEREBY CERTIFY, That I attended deceased from 12/13 1930 to 12/17 1930  
 that I last saw him alive on 12/17 1930 and that death occurred, on the date stated above, at 4 PM  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho-Pneumonia  
109h (duration) yrs. mos. 10 da.

1041 Coryza - IN FLUENZA  
 (SECONDARY) (duration) yrs. mos. 20 da.

**18. WHERE WAS DISEASE CONTRACTED**

NO IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Ch. Smith M. D.

, 19 (Address) Cape Girardeau 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**

Gonia Cemt

**DATE OF BURIAL**

Dec 19 1930

**20. UNDERTAKER**

Hamano Funeral Home

**ADDRESS**

Cape Girardeau 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.

JAN 19 1931

