

**BUREAU OF STATE VITAL STATISTICS
CERTIFICATE OF DEATH**

6806

1. PLACE OF DEATH

County St. Francois
Towship Pendleton
City (No.)

Registration District No. 773
Primary Registration District No. 6023

File No.
Registered No. 20
St. Ward

2. FULL NAME

(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. (If nonresident give city or town and State)

Henry A. Kassabaum

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Minnie Schmidt Kassabaum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 10 27

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mucha Matle Iowa

10. NAME OF FATHER Christopher Kassabaum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTY) Germany

12. MARRIED NAME OF MOTHER Christina Frohne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTY) Germany

14. INFORMANT (Address) Mrs. H. A. Kassabaum R. 6 Farmington Mo

15. FILED 2-11-31 P. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 7 1931 to Feb 9 1931, and that I last saw him alive on Feb 9 1931, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis

CONTRIBUTORY (SECONDARY) 91A (duration) yrs. mos. ds. 14

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH..... DATE OF.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Geo. H. Watkins M. D.
2-10-1931 (Address) Farmington 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) DATE OF BURIAL
R of P - at Farmington 2/11 1931

20. UNDERTAKER ADDRESS
Walden Med Co St. Louis 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.

STATE 1 1931 WITH UNPAID INARRESTED HIS IS A PERMANENT RECORD

