

SEP 21 1937

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

Gas Miller
Do not use this space.

1. PLACE OF DEATH

County Mellor
Township St. Louis
City St. Louis

Registration District No. 561
Primary Registration District No. 5755A

File No. 31234
Registered No. 5-2

2. FULL NAME

(a) Residence, No. Wayne Sterling Cassidy
(Usual place of abode)

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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

MOTHER FATHER

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 (ADDRESS)

James A. Cassidy

18. BURIAL, CREMATION, OR REMOVAL

PLACE Spring Garden

DATE Sep. 1 1937

19. UNDERTAKER (ADDRESS)

Phillips Funeral Home

20. FILED

9-1

1937

Belle Haynes

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 him alive on Aug 31 1937 Death is said

to have occurred on the date stated above, at 8 A.M.

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

44C

Name of operation None

Date of 44C

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? None Date of injury 1937

Where did injury occur? None

(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 A. Cassidy, M. D.

(Address) Elton Mo

