MAY 21 1936

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

Do not use this space.

**15761**

**1. PLACE OF DEATH**

County _Johnson_

Township _Warrensburg_

City _Warrensburg_ (No. _____ St. _____ Ward)

Registration District No. _431_

Primary Registration District No. _3023_

File No. _4_

Registered No. _43_

**2. FULL NAME** _Margaret Ione Cassingham_

(a) Residence, No. _____ 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. _____

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## 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** _E. W. Cassingham_

**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) _Feb - 23 - 1866_

**7. AGE** YEARS _70_ MONTHS _1_ DAYS _18_ If LESS than 1 day, _____ hrs. or _____ min.

**8.** Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Housekeeper_

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

**10.** Date deceased last worked at this occupation (month and year) _____

**11.** Total time (years) spent in this occupation _____

**12. BIRTHPLACE** (CITY OR TOWN) _Gardner_ (STATE OR COUNTRY) _Ill._

**13. NAME** _Chester R. Snyder_

**14. BIRTHPLACE** (CITY OR TOWN) _Red Creek_ (STATE OR COUNTRY) _New York_

**15. MAIDEN NAME** _Julia Howland_

**16. BIRTHPLACE** (CITY OR TOWN) _Red Creek_ (STATE OR COUNTRY) _New York_

**17. INFORMANT** _E. W. Cassingham_ (ADDRESS) _Warrensburg, Mo._

**18. BURIAL, CREMATION, OR REMOVAL** PLACE _Sunset Hill_ DATE _Apr - 13_ 19_36_

**19. UNDERTAKER** _Sweeney - Phillips_ (ADDRESS) _Warrensburg, Mo._

**20. FILED** _Apr 13, 1936_ _Emil Finley_ Registrar.

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## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) _Apr - 11 - 1936_

**22. I HEREBY CERTIFY,** That I attended deceased from _immed. body after death_

I last saw h_____ alive on _Apl 18_, 1936. Death is said to have occurred on the date stated above, at _8:45_ m.

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

_The patient had no physician. Any information family. She died from mitral insufficiency_

Date of onset

Other contributory causes of importance: _9 hrs_

Name of operation _none_ Date of _____

What test confirmed diagnosis? _none_ Was there an autopsy? _____

**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? _no_

If so, specify _____

(Signed) _Jno R Patterson_ M.D.

(Address) _Warrensburg Mo_