

ADDITIONAL SPACE FOR FURTHER STATEMENTS

STANDARD CERTIFICATE OF DEATH

State Department of Health  
Division of Vital Statistics  
STATE OF IOWA

1 PLACE OF DEATH

County Pottawattamie State: IOWA Registered No. A78-157-223  
Township Casson or Village Casson or  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution give its name instead of street and number)

Length of residence by city or town where death occurred 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2 FULL NAME

George Horner Trasier  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Trasier

6 DATE OF BIRTH (month, day, and year) Dec 8-1846

7 AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days 15 If less than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) about 1915 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Hamburg Ill (State or country)

13. NAME William Trasier

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country)

15. MAIDEN NAME Mahala Tabbats

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country)

17. INFORMANT M. C. Trasier (Address) Casson Ia

18. BURIAL, CREMATION, OR REMOVAL Place Springfield Ia Day Dec 27, 1930

19. LICENSED EMBLIMER P. J. Johnson No. 1329 (Address) Casson Ia

20. FILED Jan. 13, 1931 F. H. Weeks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20, 1930

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930 to Dec 20, 1930

I last saw him alive on Dec 20, 1930 death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance in order of importance are as follows:

Chronic Intestinal Nephritis (Date of onset 12)

Contributory cause of importance not related to principal cause: Serum

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Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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.

If so, specify \_\_\_\_\_

(Signed) M. C. Trasier M. D. (Address) Casson Ia