WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or insanitary conditions or occupation? .... Where was disease contracted if not at place of death? ....

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

16430

Registered No. 61

1. PLACE OF DEATH
County Bartow Militia District (Number and Name) .... State of Georgia
City or Town Cartersville Length of residence in this city or town: Yrs. ... Mos. ... Ds. ... NON-RESIDENT (Yes or No) ...
Street and Number (No.) ... (Street) ... City Ward ... (If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME John William Cassidy
Residence (City or Town) Cartersville (Street and Number) City (State) Ga

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR or RACE white
5. Single, Married, Widowed, Divorced (write the word) widowed
6. DATE OF BIRTH (month, day, year) ...
7. AGE Years 78 Months 4 Days 13 — If less than one day Hours ... Minutes ...
8. OCCUPATION
(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. ✓
(c) Date deceased last worked at this occupation (month and year) ...
(d) Total years spent in this occupation ...
9. BIRTHPLACE (P. O. Address) Cobb Co. Ga.
FATHER
10. NAME Michael Cassidy
11. BIRTHPLACE (P. O. Address) Ireland
MOTHER
12. MAIDEN NAME Hunt
13. BIRTHPLACE (P. O. Address) Dont Know
14. INFORMANT (Signed) Geo V Crow
(Address) Cartersville Ga
19. BURIAL PLACE (Cemetery) Shiloh
(Postoffice) Kennesaw Ga Date 7-21-35
20. UNDERTAKER (Signed) Cummings & Long Owen
(Address) Cartersville Ga

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month, Day, Year) July 19 1935 at 10 P. M. (Hour)
17. I HEREBY CERTIFY, That I attended the deceased from June 10 1935 to July 19 1935
I last saw him alive on July 19 1935 death is said to have occurred on the date and hour stated above.
The principal cause of death and related causes of importance in the order of onset and duration of each:
senility, Cardio, renal, vascular degeneration
Other contributory causes of importance:
...
What test confirmed diagnosis? Clinical (Specify whether autopsy, operation, laboratory, or clinical)
If death was due to external causes (violence) fill in also the following:
Was injury an accident, suicide, or homicide? ...
Where did injury occur ... (Specify city or town, if outside of limits, the county, and also the state)
Specify whether injury occurred in industry, in home, or in public place or industry? ...
Manner of injury ...
Nature of injury ...
(Signed) J. W. Stanford M.D.
(Address) Cartersville Ga.
15. FILED July 22 1935
(Signed) Thos A Upshaw (Local Registrar)