

Casnellie, Dorothy E 1909 - 1941

Kentucky Post - March 17, 1941

**Miss Dorothy Casnellie**  
 Requiem High Mass for Miss Dorothy Casnellie, 3128 Beech avenue, Covington, will be sung at 9 a. m. Tuesday at Holy Cross Church, following services at 8:30 a. m. at the Henry Linnemann Sons' Funeral Home. Burial will be in Mother of God Cemetery.  
 Miss Casnellie, a former Western Union telegraph operator, died Saturday at her home. She was 31.  
 She leaves her parents, Mr. and Mrs. C. P. Casnellie, six brothers, Eugene, Vincent, Arnold, Charles, Arthur and Paul Casnellie, all of Covington, and a sister, Mrs. William F. Martin.

**7519**

Form V. S. 1-A  
 DEPARTMENT OF COMMERCE  
 Bureau of the Census

**COMMONWEALTH OF KENTUCKY**  
 Department of Health  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

State File No. 1276  
 Registrar's No. 6102

Registration District No. 755 Primary Registration District No. 2007

**1. PLACE OF DEATH**  
 (a) County Jefferson  
 (b) City or town Labellons  
 (c) Name of hospital or institution Central State Hosp  
 (d) Length of stay: In hospital or community 9-7-41

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Ky (b) County Kenton  
 (c) City or town Covington  
 (d) Street No. 3128 Beech

3(a) FULL NAME Dorothy E. Casnellie  
 3(b) If veteran, Name war No. 3(c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6(e) Single, widowed, married, divorced Single

6(b) Name of husband or wife \_\_\_\_\_  
 6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased Apr. 23 1909  
 (Month) (Day) (Year)

8. AGE: Years 31 Months 10 Days 22 If less than one day \_\_\_\_\_ mfn.

9. Birthplace Covington, Ky

10. Usual occupation Telephone Operator

11. Industry or business \_\_\_\_\_

**FATHER**  
 12. Name Columbus P. Casnellie  
 13. Birthplace New York City

**MOTHER**  
 14. Maiden name Eizabeth Barbom  
 15. Birthplace Covington, Ky

16(a) Informant's own signature Dorothy E. Casnellie  
 (b) Address Labellons, Ky

17. BURIAL, CREMATION, OR DISPOSAL  
 Place Methodist Church Date Mar. 18, 1941

18(a) Signature of funeral director H. Linnemann  
 (b) Address 35-27 E. 11th St. Cov. Ky

19(a) Signature of registrar [Signature] (b) Address Labellons, Ky

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH March 15, 1941  
 21. I hereby certify that I attended the deceased from Aug 6, 1941 to March 15, 1941, that I last saw h. alive on March 15, 1941, and that death occurred on the date stated above at 9:45 P.M.  
 Immediate cause of death Advanced Pulmonary Tuberculosis  
Tuberculous Pneumonia  
Chronic Cholelithiasis  
Cystitis  
Diagnosed 4 years  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy same

22. If death was due to external causes, fill in the following:  
 (a) Accidental, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? In or about home, on farm, in industrial place in public place? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Signature E. Hieronymus (M. D. or other) \_\_\_\_\_  
 Date signed 3-15-41

MAR 21 1941

B. WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH. N. S. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.