

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAY 27 1936

16678

1. PLACE OF DEATH

County St. Francois  
Township Big River  
City Booneville Mo. R-1 (No. \_\_\_\_\_)

Registration District No. 775  
Primary Registration District No. 6079

File No. \_\_\_\_\_  
Registered No. 29 Ward \_\_\_\_\_

2. FULL NAME

John Cash

(a) Residence, No. Booneville Mo. R-1 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Cash

22. I HEREBY CERTIFY That I attended deceased from St. Francois to Booneville Mo. 1936 to 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10. 1858

I last saw him alive on Sept. 10 1936 at Booneville Mo. Death is said to have occurred on the date stated above, at 6:30 A. m.

7. AGE YEARS 77 MONTHS 5 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
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 \_\_\_\_\_

Cerebral Hemorrhage  
from a fall

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co. Missouri

Other contributory causes of importance: Hypertension

13. NAME Reuben Cash

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Elizabeth Adams

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT John Cash (ADDRESS) Booneville Mo. R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE Booneville Mo. R-1 DATE April 19 1936

19. UNDERTAKER Booneville Mo. R-1 (ADDRESS) Booneville Mo. R-1

20. FILED April 19 1936 N. W. Hopkins Registrar.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. H. Vandy M. D.  
(Address) Booneville Mo. R-1

1944

...

...

...

...

...

...

...

...

...