SEP 30 1927.

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

Do not use this space.

25145

1. PLACE OF DEATH
County Pike
Township Pend
City Frankford
Registration District No. 688
Primary Registration District No. 4412
File No.
Registered No. 16
(No. St. Ward)

2. FULL NAME James Wellman Cash.
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Husband of Mrs J.W. Cash.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-27-1851

7. AGE Years 76 Months 5 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo

PARENTS
10. NAME OF FATHER Thomas Cash
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Martha Parks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT Ruby Cash Patton
(Address) Galveston Texas

15. FILED Sept 2 1927 Mattie Unsell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 28 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Aug 28, 1927, that I last saw him alive on August 28, 1927, and that death occurred, on the date stated above, at 12.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

87-D 107H (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) General Paralysis

(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 75B

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Walter F. Fry, M.D.

, 19 (Address) Frankford Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Frankford Mo
DATE OF BURIAL Aug. 29 1927

20. UNDERTAKER E. L. Fields
ADDRESS Frankford Mo

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.