

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

Do not use this space.

27000

1. PLACE OF DEATH

County Greene Co. Fessaw Registration District No. 318
 Township North Leaningville Primary Registration District No. 5439
 City Princeton (No.) St. Ward)

File No.
 Registered No. 559

2. FULL NAME Cash McLean

(a) Residence, No. R 4 St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown about 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 ✓ ✓ ✓

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown
 (c) Name of employer Unknown

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT County Court
 (Address) West House

15. FILE 9/14/27 REGISTRAR Octorius

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-13 1927

17. I HEREBY CERTIFY, That I attended deceased from 8-20, 1927 to 9-13, 1927 that I last saw him alive on 9-12, 1927 and that death occurred, on the date stated above, at 12 noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Syphilis
54
92A (duration) yrs. mos. da.
 CONTRIBUTORY Mercurial Desquamation
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: no

DID AN OPERATION PRECEDE DEATH: no DATE OF

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. S. Burchard, M. D.

9-14-1927 Address Princeton, Mo
 *State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Greene Co. Farm 9-14 1927

20. UNDERTAKER W. B. Bradshaw ADDRESS Princeton 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. 1927

DEATH RECORD

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