

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.

FEB 3 1932

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

Do not use this space.

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## 1. PLACE OF DEATH

County Cape Girardeau  
Township Appleton  
City Appleton

Registration District No. 123  
Primary Registration District No. 4067

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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

Female

### 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

Dr. C. B. Bowman

### 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug 12<sup>th</sup> 1864

### 7. AGE

YEARS 67

MONTHS 5

DAYS 12

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

### 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

House wife 235

(b) General nature of industry, business, or establishment in which employed (or employer).

General House work

(c) Name of employer

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

Perry County, Mo.

PARENTS

### 10. NAME OF FATHER

William Cashion

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

Mo.

### 12. MAIDEN NAME OF MOTHER

Lurica Perry

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

Mo.

### 14.

INFORMANT (Address)

R. D. Blaylock  
Pocahontas, Mo.

### 15.

FILED 1-25-1932

C. B. Bowman  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

### 16. DATE OF DEATH (MONTH, DAY AND YEAR)

January 24 1932

### 17.

I HEREBY CERTIFY, That I attended deceased from Jan 24 1932, to Jan 24 1932, and that I last saw him on Jan 24 1932, and that death occurred, on the date stated above, at 11:45 a.m.

### THE CAUSE OF DEATH\* WAS AS FOLLOWS:

118C  
Heart Block (Thrombus)  
95A

### CONTRIBUTORY (SECONDARY)

Acute indigestion  
(duration) yrs. mos. da.

### 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

### WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. D. Blaylock, M. D.  
, 19 (Address) Pocahontas, 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

### DATE OF BURIAL

York Chapel Cem.

1-26 1932

### 20. UNDERTAKER

### ADDRESS

McCombs, Jackson, Mo.

