

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

Do not use this space.

20402

1. PLACE OF DEATH
 79 County Perry Registration District No. 659
 Township Langdon Home Primary Registration District No. 5876
 City (No. St. Ward)

2. FULL NAME Charles Cashion
 (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 Viola M. Blaylock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>8</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine Labor Retired

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo

MOTHER FATHER

13. NAME James Cashion

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo

15. MAIDEN NAME Eliza Blaylock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo

17. INFORMANT John Conrad
(ADDRESS) Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cross Road Cemetery DATE June 24, 1932

19. UNDERTAKER Zoellner & Young
(ADDRESS)

20. FILED June 25, 1932 Martin Mackel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from died suddenly, without medical, 19...
 I last saw him attending him for the past 19... Death is said to have occurred on the date stated above, at 3 Month...
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset

Other contributory causes of importance: (D)

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? N.O.

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.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) Wm. H. Bailey, M. D.
 (Address) Perryville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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