

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

Do not use this space.

10010

1. PLACE OF DEATH

County Jefferson
Township Meramec
City St. Louis Hospital (No. _____, _____ St. _____ Ward)

Registration District No. H 13
Primary Registration District No. 5559c

File No. _____
Registered No. 9

2. FULL NAME

(a) Residence, No. Carl Cash
(Usual place of abode) 713 No. Hull St. Ward. 1st City
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Alma Cooks</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 6, 1876</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>6</u>	<u>3</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miss</u>			
	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) <u>Arkansas</u>				
MOTHER	13. NAME <u>M - Cash</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>nc</u>			
	15. MAIDEN NAME <u>Polly Wright</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>nc</u>			
17. INFORMANT <u>Records</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Centerville Cem</u> DATE <u>3/11, 1933</u>				
19. UNDERTAKER <u>Miss City Undert Co.</u> (ADDRESS) <u>Miss City Undert Co.</u>				
20. FILED <u>4/8, 1933</u> <u>H.A. Weaver</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1932, to Mar 9, 1933
I last saw him alive on Mar 9, 1933. Death is said to have occurred on the date stated above, at 8:50 m.
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Pulmonary Tuberculosis
23A
23B
23C
23D
23E
23F
23G
23H
23I
23J
23K
23L
23M
23N
23O
23P
23Q
23R
23S
23T
23U
23V
23W
23X
23Y
23Z

Other contributory causes of importance:
Pulmonary Neoplasia

Name of operation _____ Date of _____
What test confirmed diagnosis? Roentgen Was there an autopsy? _____

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? Yes
If so, specify _____
(Signed) James E. Dancy, M. D.
(Address) Miss City

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

MARGIN RESERVED FOR BINDING

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.

APR 22 1933
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S. NO. 2

