

Miller

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

Do not use this space.

34094

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.
NOV 10 1933

1. PLACE OF DEATH
 County Pike Registration District No. 689
 Township Louisiana Primary Registration District No. 303 1/2
 City Louisiana (No. 6th Va)
 2. FULL NAME Wm M Cashman
 (a) Residence, No. 6th Va 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/29-70
 7. AGE YEARS 63 MONTHS 4 DAYS 2 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Dealer
 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) Bungawen (STATE OR COUNTRY) Waterford Co Ireland
 13. NAME Tom Cashman
 14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) _____
 15. MAIDEN NAME Catherine McSwath
 16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) _____
 17. INFORMANT Tom Cashman (ADDRESS) Louisiana Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Emty DATE 10/4 33
 19. UNDERTAKER J. H. Haley (ADDRESS) Louisiana Mo
 20. FILED 10/2 1933 J. H. Haley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/1 33
 22. I HEREBY CERTIFY, That I attended deceased from 9-25 33, to 10/1 33
 I last saw him alive on 10/1 33. Death is said to have occurred on the date stated above, at 9:30 m.
 The principal cause of death and related causes of importance were as follows:
Neuralgia of heart
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) J. H. Miller _____, M. D.
 (Address) Louisiana Mo

