

336 19

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

Do not use this space.

25343

1. PLACE OF DEATH

County Sullivan
Township Liberty
City _____ (No. _____)

Registration District No. 853
Primary Registration District No. 617

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

James E. Cashen
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elo Cashen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1965
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. James
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) Miller Sullivan Mo

FATHER 13. NAME Willam Cashen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Skatts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Mo

17. INFORMANT Blennie Cashen
(ADDRESS) Miller, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cashen DATE July 6 1936

19. UNDERTAKER (ADDRESS) W. H. Mast...

20. FILED 7-5 1936 Guth Henderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1936
22. I HEREBY CERTIFY that I attended deceased from Jan. 1 1933, to July 3 1936
I last saw him alive on July 2 1936. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebrovascular
Date of onset _____
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? No

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) U. S. Bradley, M. D.
(Address) J. S. ... 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.

