

JAN 16 1936

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

Do not use this space.

1818

1. PLACE OF DEATH

County Jefferson

Registration District No. HYV

Township Meramec

Primary Registration District No. 2580

City High Ridge

(No. High Ridge Mo.)

File No. 10

Registered No. 87

St. _____ Ward _____

2. FULL NAME William Presley Cushman

(a) Residence, No. High Ridge Mo.

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

Louise B. Cushman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

72

11

11

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

Honeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Public Service Co.

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)

Missouri

13. NAME

Parkerson Cushman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

15. MAIDEN NAME

Phoebe Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

17. INFORMANT

(ADDRESS)

Mrs. Louise Cushman
High Ridge Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Cem.

DATE Jan. 10

1936

19. UNDERTAKER

(ADDRESS)

Kriegshauser Mortuaries
2228 So. Kingshighway

20. FILED

18 36 James A. Townsend
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

1-7

1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 4 1936, to Jan. 7 1936
I last saw him alive on Jan. 7 1936. Death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis and Hypostatic pneumonia.

Date of onset

Other contributory causes of importance:

Hypertension

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? no.

If so, specify

(Signed) Frank T. Duck, M. D.

(Address) Fenton, 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.

Dr. Huck
Leutone M.D.