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 16 1936

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

Do not use this space.

File No. 9604

Registered No. 87

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No.: 135

Township: — Primary Registration District No.: 3009

City: Cape Girardeau (No. 1 S. E. Hospital St. Ward)

2. FULL NAME: J. Walter Eugene Cashman (CASHIAN)

(a) Residence, No. (Usual place of abode) St., Ward. (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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 8 - 1936

7. AGE: Years — Months — Days: 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

FATHER

13. NAME: Ben Cashman

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

MOTHER

15. MAIDEN NAME: Minnie Maurer

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

17. INFORMANT (ADDRESS): Wm Maurer

18. BURIAL, CREMATION, OR REMOVAL: Pleasant Grove Cem.

PLACE: Perry Co DATE: 3/14 1936

19. UNDERTAKER (ADDRESS): Young & Jenwick. Perryville Mo.

20. FILED: 3-18 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1936, to March 13, 1936

I last saw h... alive on March 12, 1936 Death is said to have occurred on the date stated above, at 6 a.m.

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

Cremalure Beetle — 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? no

If so, specify

(Signed) A. R. Sotowith, M. D.

(Address) Jackson Mo