

OCT 23 1937

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

3 Do not use this space.

1. PLACE OF DEATH

County Berry
Township St. Marys
City (No. _____) _____

Registration District No. 183
Primary Registration District No. 5891

File No. 34960
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Joel H. Cash Silver Lake 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Margaret Jane Hamer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
93 0 25

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

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) Warwick County
(STATE OR COUNTRY) Indiana

13. NAME Cash

14. BIRTHPLACE (CITY OR TOWN) Warwick County
(STATE OR COUNTRY) Indiana

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Warwick County
(STATE OR COUNTRY) Indiana

17. INFORMANT Mr. James C. Cash
(ADDRESS) Silver Lake Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Whitewater Cemetery DATE Sept. 24, 1937

19. UNDERTAKER Bay Funeral Home
(ADDRESS) Boonville Mo.

20. FILED 9-23 1937 H. J. Duwall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-9 1937, to 9-23 1937

I last saw him alive on 9-20 1937. Death is said

to have occurred on the date stated above, at 12:10 A.M.

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

Chronic myocarditis
Chronic nephritis
General Arteriosclerosis

Date of onset

Other contributory causes of importance:

Above mentioned

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 _____, 1937

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) Oscar Clarron M. D.(Address) Ferryville, 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.

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