

REC'D APR 19 1938

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

Do not use this space.

## 1. PLACE OF DEATH

24 County Clay  
Township Washington  
City (No. ....) .....

Registration District No. 198  
Primary Registration District No. 5278

File No. 10494  
Registered No. 13  
St. .... Ward

## 2. FULL NAME

Charles Lewis Cave 100

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Cave

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-13-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hra. or ..... min.  
85 8 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen farm work  
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 013. NAME William Cave 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Susan Rice 116. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Jalory Cave  
(ADDRESS) Kearney mo18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE March 30, 193819. UNDERTAKER Leubard Fry  
(ADDRESS) Kearney mo20. FILED Mich 30, 1938 Lorna Cracker  
Registrar. 180

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 193822. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to March 28 1938I last saw him alive on March 28 1938. Death is saidto have occurred on the date stated above, at 4 P. M.

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

Senility  
General Atherosclerosis  
Hypertensive pneumoni

Date of onset

Other contributory causes of importance: 97'

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical 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) Olatus E. Buchner / M. D.(Address) Lansom mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 1-27-38  
1 X 9314

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.

