

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

Do not use this space.

RECD APR 19 1939

10596

**1. PLACE OF DEATH**

27  
22  
54

County Cooper Registration District No. 218  
Township Mo Primary Registration District No. 3013  
City Bonville Mo (No. St. Joseph Hospital)

File No. \_\_\_\_\_  
Registered No. 38  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Pleasant Green - Ma Ward R.F.D.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 77 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE <u>A. Clay Daniels</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec - 26 - 1862</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>2</u>
	DAYS <u>17</u>	If LESS than 1 day, _____ hra. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>62</u>
	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) <u>Feb 14 1939</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pilot Grove Missouri</u>		
FATHER	13. NAME <u>Augustus Cash</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Germany</u>	
	15. MAIDEN NAME <u>Mary Fost</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pilot Grove Missouri</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. J. D. [unclear] 20th St. - Sedalia Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wesley Chapel Cem. DATE Mar - 15 - 1939</u>		
19. UNDERTAKER (ADDRESS) <u>W. + Stachler Pilot Grove Mo</u>		
20. FILED <u>3-14</u> 19 <u>39</u> <u>D. Cooper</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Febr 14, 1939, to March 13, 1939  
I last saw h. alive on March 13, 1939 Death is said to have occurred on the date stated above, at 6 to m.  
The principal cause of death and related causes of importance were as follows:  
Sudden intestinal hemorrhage Date of onset years unknown  
started March 13 - 3 pm  
pat died at 6 pm  
no autopsy  
Other contributory causes of importance:  
Fat fell at home Febr 14  
fractured R upper leg  
and 3 lower R ribs  
Name of operation None in past year of Febr 19  
What test confirmed diagnosis? A biopsy 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 2-14, 1939  
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) D. H. [unclear]  
1939 (Address) Bonville Mo

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

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed

4/7/39