

FILED JUN 22 1940

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

18779

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson

(b) Township

(c) City Festus

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.

(e) Length of residence in city or town where death occurred 21 yrs. mos. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME

Helen Elizibeth Cash(a) Residence, No. 305 Lee Ave.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Jess Cash6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr., 1, 1909

7. AGE

YEARS

MONTHS

DAYS

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

31117

OCCUPATION

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

Housewife

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

10. Date deceased last worked at this occupation (month and year) Oct., 193911. Total time (years) spent in this occupation Life

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

BloomsdaleMissouri

FATHER

13. NAME

Basil Thomire

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

Ste Genevieve County Mo.

MOTHER

15. MAIDEN NAME

Mary Matilda Thomire

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

Ste Genevieve County Mo.

17. INFORMANT (ADDRESS)

Agnes Brewer Festus Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Festus Mo.DATE 5/20/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Quanta - Unad Festus Mo

20. FILED

5/21, 1940J. E. Rutledge M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18th., 194022. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1939, to May 18, 1940I last saw her alive on May 18, 1940. Death is said to have occurred on the date stated above, at 9:18 P.M.

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

Tuberculosis Pulmonary

Date of onset

Other contributory causes of importance

Tuberculosis Laryngitis

Name of operation _____ Date of _____

What test confirmed diagnosis Chincol as there an autopsy? _____23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? u 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? _____

If so, specify _____

(Signed) J. E. Rutledge, M. D.352 (Address) Festus 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.

I X14023

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

H. S. Wyard

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

H. S. Wyard

Licensed Embalmer No. 3010

P. O. Address Jesper Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.