

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

Do not use this space.

DEC 27 1935

35502

1. PLACE OF DEATH

County Day Registration District No. 198
Township Indian River Primary Registration District No. 3.1.1
City Excelsior Springs (No. _____) St. _____ Ward _____

2. FULL NAME

John Cash
(a) Residence, No. Maple Apts. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Leoda Cash</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 28 1887</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>11</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</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>Nov 20 1935</u>		11. Total time (years) spent in this occupation <u>30</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Kan.</u>		
13. NAME <u>Rac. Fernandez Cash</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kan.</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs. J. H. Sappert</u> (ADDRESS) <u>Excelsior Springs Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salon</u> DATE <u>Nov. 22 1935</u>		
19. UNDERTAKER <u>Herbert Hope</u> (ADDRESS) <u>Excelsior Springs Mo.</u>		
20. FILED <u>11-23</u> <u>78 Mrs. Red McChesney</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1935

22. I HEREBY CERTIFY, That I attended deceased from not at all to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:
Cortic Insufficiency Date of onset none

Other contributor causes of importance:
out body & anything

Name of operation _____ Date of _____

What test confirmed diagnosis? ur 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? _____
If so, specify _____
(Signed) Catherine Wynson Brown
(Address) C Day Co Mo Liberty

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.

ata blucha P...
Jnat

A. bell...

N. D. = vera item - ...