

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.

82 OCT 28 1932

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

Do not use this space.

30060

1. PLACE OF DEATH
 82 County Pike Registration District No. 688
 Township Pruss Primary Registration District No. 5916
 City Frankford (No.) St. Ward

2. FULL NAME Virginian Cash
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Cash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 8 2 5

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

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) (STATE OR COUNTRY) Sugar Creek, Mo

FATHER
 13. NAME Richard M. Shackelford
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike, Mo

MOTHER
 15. MAIDEN NAME Melinda Sisson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Mary Cash
 (ADDRESS) Frankford, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Frankford DATE Sept 24 32

19. UNDERTAKER E. L. Fields
 (ADDRESS) Frankford, Mo

20. FILED Oct 5 1932 Mattie Unsell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1932, to Sept 22, 1932.
 I last saw him alive on Sept 21, 1932. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Organic heart disease
95B 9573
 Other contributory causes of importance:
 ()

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 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) O. M. Drankford, M. D.
 (Address) Frankford, Mo.

