

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

Do not use this space.

REC'D AUG 26 1938

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City (near) Farmington

Registration District No. 773
Primary Registration District No. 6018A

File No. 26422
Registered No. 98

2. FULL NAME George B. Cashion 250

(a) Residence, No. Longtown, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 70 ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) not known

13. NAME Wm. A. Cashion

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Records of State Hospital No. 4
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville, Mo. DATE 8-2-38
Richardson Funeral Home embalmed body

19. UNDERTAKER Young & Son, Perryville, Mo., has charge of funeral.
(ADDRESS)

20. FILED Aug 1 1938 V. J. Robinson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1927, to July 31, 1938
I last saw him alive on July 31, 1938. Death is said to have occurred on the date stated above, at 6:45p.

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

Coronary artery occlusion

Date of onset 7-24-38

Other contributory causes of importance:

Cerebral apoplexy years ago, and mental defective man also marked arteries change.

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) P. S. Tate, M. D.

(Address) State Hosp. #47 Farmington Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Chas. Richardson, Licensed Embalmer No. 3167

hereby certify that the body recorded on the reverse side of this certificate was
embalmed by _____ L.E. _____

No. _____ or by _____

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

Signed Chas. Richardson

Licensed Embalmer No. 3167

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)