

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22907

PLACE OF BIRTH  
County: Martin  
Vol. No. Paradise Registration District No. 1094  
Inc. Town: ..... Primary Registration District No. L 128  
City: ..... (No. .... St. .... Ward)

File No. ....  
Registered No. 5  
(If death occurred in a hospital or institution give its name instead of street and number.)

FULL NAME: James William Cascher

PERSONAL AND STATISTICAL PARTICULARS

1 SEX: Male  
2 COLOR OR RACE: White  
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced  
6 DATE OF BIRTH: May 8, 1894  
7 AGE: 88 yrs. 5 mos. 12 ds.  
8 OCCUPATION:  
(a) Trade, profession, or particular kind of work: Farmer  
(b) General nature of industry, business or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Kentucky  
10 NAME OF FATHER: Ben T. Cascher  
11 BIRTHPLACE OF FATHER (State or country): U. S. A.  
12 MAIDEN NAME OF MOTHER: Mary Hlesley  
13 BIRTHPLACE OF MOTHER (State or country): Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant): Geo. C. Cascher  
(Address): Dukesboro Ky.

15 Filed Mar 1, 1922 W.S. Curdick Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 21, 1922  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1922 to Mar 1, 1922 that I last saw him alive on Sept 1, 1922 and that death occurred on the date stated above at 5 P. m. The CAUSE OF DEATH\* was as follows:

Valvular Heart Disease  
(Dropsy)

18 CONTRIBUTOR (SECONDARY): Chromatiticular Rheumatism  
(Duration) 2 yrs. .... mos. .... ds.  
(Signed) H. D. Newsom, M. D.  
....., 191... (Address) Dukesboro

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.  
19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVELERS OR RECENT RESIDENTS):  
At place of death: ..... yrs. .... mos. .... ds. In the State: ..... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death? .....

Former or usual residence: .....  
20 PLACE OF BURIAL OR REMOVAL: St. Georges Graveyard Dukesboro Ky.  
DATE OF BURIAL: Mar 22, 1922  
20 UNDERTAKER: J. R. Krummel Dukesboro Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information in this form should be EXACTLY, PHYSICALLY COMPARED with the cause of DEATH, if known terms, so that it may be proper, clear and correct. See instructions on back of certificate.