

X. 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.

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

Do not use this space.

21128

**1. PLACE OF DEATH**

County St. Louis  
 Township Co. 1st  
 City St. Louis, Mo.

Registration District No. 314  
 Primary Registration District No. 4190

File No. 1  
 Registered No. 14  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M | 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Margaret Jane Cain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
82 | 4 | 22

8. OCCUPATION OF DECEASED Real Estate dealer  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Farfield, Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Isaac Cain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Ann Red

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT John Cain  
 (Address) St. Louis, Mo.

15. FILED 7/11 1927  
 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1927

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1927, to July 6, 1927 that I last saw h. 7:30 p. alive on July 6, 1927, and that death occurred, on the date stated above, at 10 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

19413  
95B / 22 B1  
approx. 3 yrs (duration)  
 CONTRIBUTORY Cardiac insufficiency  
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? No DATE OF:

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS:

(Signed) Thomson  
 , 19 (Address) St. Louis, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cooper Cemetery  
 DATE OF BURIAL 7/9 1927

20. UMBERTAKER Latouche & Phellips  
 ADDRESS St. Louis, Mo.

Dr. Connolly