

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.

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

Do not use this space.

24671

SEP 28 1927

1. PLACE OF DEATH

County Wagoner
 Township Wagoner
 City Wetzel City (No. 821 W. Austin)

Registration District No. 417
 Primary Registration District No. 3121

File No. _____
 Registered No. 91
 St. _____ Ward _____

2. FULL NAME

John W. Cato
 (a) Residence. No. 821 W. Austin 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF At Home

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-23-1924

7. AGE YEARS MONTHS DAYS 1 6 16 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Wetzel City (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER W. B. Cato

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

12. MAIDEN NAME OF MOTHER Blaydes Snow

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

14. INFORMANT W. B. Cato (Address) Wetzel City, Mo.

15. FILED 8/4 1927 R. M. Stomach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/3 1927

17. I HEREBY CERTIFY That I attended deceased from July 27, 1927 to Aug 3, 1927 that I last saw him alive on Aug 3, 1927, and that death occurred, on the date stated above, at 11:58 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enterocolitis
1191!
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 1130 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) R. M. Stomach, M. D.

8/4, 1927 (Address) Wetzel City

*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 Mt. Hope Cem. DATE OF BURIAL 8/4 1927

20. UNDERTAKER Steel Nail Co. ADDRESS Wetzel City

