DEC 28 1928

30927-1

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

Do not use this space.

(1)

1. PLACE OF DEATH
County: LaClade
Township:
City: Conway Mo (No. ..... St. ..... Ward)
Registration District No. 448
Primary Registration District No. 5208
File No. 30927-X
Registered No.

2. FULL NAME: Hughie Marie Cain
(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 25, 1911

7. AGE: Years 17 | Months 8 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): LaClade Co. Mo.

PARENTS
10. NAME OF FATHER: G. H. Cain
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Webster Co. Mo
12. MAIDEN NAME OF MOTHER: Jewell Vance
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Webster Co. Mo

14. INFORMANT: G. H. Cain
(Address): Conway Mo

15. FILED: Dec 10, 1928 N. B. Clinton, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9/17 1928

17. I HEREBY CERTIFY That I attended deceased from 8-28-, 1928, to 9-17-, 1928 that I last saw her alive on 9-17-, 1928, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Fever

(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O. C. Burage, M. D
9-20-, 1928 (Address) Conway 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: Baptist Cemetary
DATE OF BURIAL: 9/20 1928

20. UNDERTAKER: W. E. Holman
ADDRESS: Conway

THIS IS A PERMANENT RECORD

...uld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...o that it may be properly classified. Exact statement of OCCUPATION is very important.