

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 28 1931

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

Do not use this space.

10314

1. PLACE OF DEATH

County Jackson Registration District No. 400
Township Prarie Primary Registration District No. 5520
City Little Bee (No. Jackson Co Home) St. _____ Ward _____

2. FULL NAME Hannah Cain

(a) Residence, No. J. C. Home 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-10 1844</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>8</u>
	DAYS <u>21</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>535</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	
	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>unknown</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	17. INFORMANT <u>J. W. Hostetter</u> (ADDRESS) <u>J. C. Home</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Johnson College Ceto</u> DATE <u>4 19 31</u>	
	19. UNDERTAKER <u>Ketterling</u> (ADDRESS) _____	
20. PLACE <u>April 9 St. N. S. James</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1931

2. I HEREBY CERTIFY, That I attended deceased from 3/1, 1931, to 3-31, 1931
I last saw her alive on 3-30, 1931 Death is said to have occurred on the date stated above, at 11:45 pm.
The principal cause of death and related causes of importance were as follows:
chron myocarditis Date of onset _____
93C
93C
Other contributory causes of importance: _____

3. Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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) J. W. Green _____, M. D.
(Address) superintendent no 2

