

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.

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

Do not use this space.

27909

## 1. PLACE OF DEATH

County Douglas  
Township Lincoln  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 1075  
Primary Registration District No. 3381

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME Eva Bell Cain

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 11 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Cain  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1867  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Spencer Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Elizabeth Kingsmith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT George Cain  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Dogwood Cem. DATE Aug 20 1931

19. UNDERTAKER R. K. Keller  
(ADDRESS) Seymour Mo.

20. FILED Aug 19 1931 J B Hale  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1931, to 8-18 1931

I last saw him alive on Aug 17 1931. Death is said to have occurred on the date stated above, at 10:30 pm.

The principal cause of death and related causes of importance were as follows:

Cerebral Date of onset \_\_\_\_\_

Hemorrhage

822

Other contributory causes of importance: Grate

822

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? no

If so, specify Go 9 Beers

(Signed) Seymour Mo, M. D.  
(Address) \_\_\_\_\_

