

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

Do not use this space.

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**1. PLACE OF DEATH**

39 County Greene Registration District No. 318 File No. 9  
 3 Township Springfield Primary Registration District No. 2001 Registered No. 9  
 5 City Springfield No. 13 St. Hospital Ward

**2. FULL NAME**

Bobbiel L. R. Cain  
 (a) Residence, No. 1011 W. Clarinda 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-4-1932  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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) Springfield

FATHER 13. NAME Robert Cain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

MOTHER 15. MAIDEN NAME Helene Hoblett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT Robert Cain  
 (ADDRESS) 1011 W. Clarinda Springfield

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hazelwood DATE 1-5-1932

19. UNDERTAKER W. J. Starnes  
 (ADDRESS)

20. FILED 1-5-1932 Lon Stark  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1932 to 1-4-32, 1932

I last saw him alive on 1-4-, 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Unknown possibly  
enlarged thymus as child  
cried out after delivery  
for about 1/2 min then  
became cyanosis and finally  
became post remaining so  
 Other contributory causes of importance: untill death

Name of operation          Date of           
 What test confirmed diagnosis?          Was there an autopsy?         

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) C. E. Zeller, M. D.

(Address) Springfield Mo

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.

FEB 24 1932

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