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.

MAY 23 1932

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

Do not use this space.

11859

1. PLACE OF DEATH

16

County Cape Girardeau — Registration District No. 125 — File No.

Township " " — Primary Registration District No. ~~3006~~ — Registered No. 86

City " " (No. RFD #1 5178 St. Ward)

2. FULL NAME John Wm Burrette McCain

(a) Residence, No. RFD #1 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: Male
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): Aug - 27 - 1930

7. AGE: YEARS 1 — MONTHS 8 — DAYS 21 — 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): Egypt Mills Mo

FATHER

13. NAME: Robert McCain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Cape Co

MOTHER

15. MAIDEN NAME: Berthe Hargraves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Co

17. INFORMANT (ADDRESS): Mr. Robert McCain RFD #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethel Am DATE 4-9 1932

19. UNDERTAKER (ADDRESS): Hamaiz Funeral Home Cape Girardeau Mo

20. FILED 4/9 1932 W C Kaempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April - 8 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1932, to April 8, 1932

I last saw him alive on April 7, 1932. Death is said to have occurred on the date stated above, at 2:15 a.m.

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

	Date of onset
Influenza 11A 10A	4/1/32

Other contributory causes of importance:

Bronchopneumonia	4/4/32

Name of operation (1) 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

(Signed) J. H. Cochran, M. D.

(Address) Cape Girardeau, Mo.