

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

Do not use this space.

21405

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1073**
 City **St. Louis** (No. **Barnard 6073**) St. Ward)

File No. **5964**
 Registered No.
 St. Ward)

2. FULL NAME

Cora Cain
 (s) Residence, No. **3727 Virginia** St., **16** Ward.
 (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. (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10 - 1888		
7. AGE YEARS 43	MONTHS 9	DAYS 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing ?		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress making		
10. Date deceased last worked at this occupation (month and year)..... 4/5		
11. Total time (years) spent in this occupation 43		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis Mo

13. NAME
Thomas Cain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Pulaski Co. Mo

15. MAIDEN NAME
Matha Hensley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Pulaski Co. Mo

17. INFORMANT (ADDRESS)
Ruth M. Myler

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Dubou Mo** DATE **June 26, 1932**

19. UNDERTAKER (ADDRESS)
Amber Trust Co

20. FILED **26 1932**
W. C. Parker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 25th 1932**

22. I HEREBY CERTIFY, That I attended deceased from **June 24**, 19**32**, to **June 25**, 19**32**
 I last saw her alive on **June 25**, 19**32** Death is said

to have occurred on the date stated above, at **12:50 p.m.**
 The principal cause of death and related causes of importance were as follows:

Carcinoma rectum advanced with metastases to mesentery
 Date of onset **4/6/32**

Other contributory causes of importance:
Shock Surgical

Excision Portia Segments of Rectum
 Name of operation..... Date of **June 25, 1932**
 What test confirmed diagnosis? **Smears, smears Microscopic** 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 **June 25, 1932**

Where did injury occur? **At home** (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. C. Landree**, M. D.
 (Address) **3427 Washington Ave**

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.

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