

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

Do not use this space.

25590

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125 File No. _____
 1 Township " " Primary Registration District No. 3009 Registered No. 202
 8 City " " (No. St. Francis Hospital) Ward _____

2. FULL NAME Fred Silvester Mc Cain

(a) Residence, No. _____ 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 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) June 1 - 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18 2 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Stoddard Co. Mo.

FATHER 13. NAME Edige Mc Cain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Medley, Stoddard Co. Mo.

MOTHER 15. MAIDEN NAME Annie Mc Mullin

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

17. INFORMANT Frank Mc Cain
 (ADDRESS) Capitola, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cemetery DATE Aug 16 1932

19. UNDERTAKER Lorberg F & W Co
 (ADDRESS) Capitola Mo.

20. FILED 8-16-1932 Leve Humphreys Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1932 to Aug 15 1932
 I last saw him alive on Aug 15 1932 Death is said to have occurred on the date stated above, at 3:42 a.m.

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

acute
peritonitis
12:14 / 12 / 1
12:16 / 12 / 1 (D)
 Date of onset _____

Other contributory causes of importance:
Suppurative
adenitis
"ruptured"

Name of operation Appendectomy & drainage Date of 8-15-32

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 _____, 1932

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) Herwaldt M. D.
 (Address) Cape Girardeau Mo.

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.

SEP 21 1932

