

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 26 1932

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

27056

## 1. PLACE OF DEATH

County LucasRegistration District No. 711Township UnionPrimary Registration District No. 5940

City \_\_\_\_\_ (No. \_\_\_\_\_)

File No. 13Registered No. 13

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFNancy Addie Cain

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

4/11/1855

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

7742

## OCCUPATION

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

Retired Farmer

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)

Missouri

## FATHER

## 13. NAME

Geo. C. Cain

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

Mo.

## MOTHER

## 15. MAIDEN NAME

Elizabeth Jackson

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

Tenn.

## 17. INFORMANT (ADDRESS)

Charlie Cain

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE UnionDATE Aug. 17, 1932

## 19. UNDERTAKER (ADDRESS)

Ed. W. Gilketh  
Union, Missouri

## 20. FILED

Aug 15, 1932

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 193222. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932 to Aug 12, 1932I last saw him alive on Aug 10, 1932 Death is saidto have occurred on the date stated above, at 9:01 m.

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

Date of onset

nephritis.132 1/3

Other contributory causes of importance:

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

Date of \_\_\_\_\_

What test confirmed diagnosis? no 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

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

M. D.

