

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

Do not use this space.

7070

1. PLACE OF DEATH

96 County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City Florissant, Mo. No. St. Jean & St. Dennis st. St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Thomas F. Cain,

(a) Residence, No. St. Jean & St. Dennis 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Cain
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863-11-23
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Line manager
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) England.

FATHER 13. NAME Peter Cain,

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

MOTHER 15. MAIDEN NAME Unknown.

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

17. INFORMANT Catherine Cain
(ADDRESS) Florissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisburg, Ill. DATE 2/23/33. 19 _____

19. UNDERTAKER Robert J. Ambruster
(ADDRESS) Clayton Rd. at Concordia Lane

20. FILED 3/7 1933 Edmond J. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/20/33, 1933

22. **HEREBY CERTIFY**, That I attended deceased from Feb. 13 1933 to 2/20/33, 1933

I last saw him alive on 2/20/33, 1933. Death is said

to have occurred on the date stated above, at 6 P. m.

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

Tubercular Heart Disease Date of onset _____

920
50 E 920

Other contributory causes of importance:
Rheumatic

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1933

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) A. L. Leggat M. D.

(Address) 25A S. Florissant av. Bloch
Florissant, 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.

