

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD APR 24 1936

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

Do not use this space.

1. PLACE OF DEATH
110 County Washington Registration District No. 887
Township Bretah Primary Registration District No. 6179
City.....(No)..... St. Ward)
2. FULL NAME Carmel Gene 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.

8312

File No.
Registered No. 23
St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 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) 7-5-1930
7. AGE YEARS 2 MONTHS 7 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) _____

FATHER
13. NAME Jim Cain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. Co.

MOTHER
15. MAIDEN NAME Ava Pruitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. Co.

17. INFORMANT Geo Wigger
(ADDRESS) Mineral Point, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Point Creek DATE 2-18 1933

19. UNDERTAKER Spark & Spark
(ADDRESS) Patton, Mo.

20. FILED 3-20 1933 Jon L. Fluman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1933, to 2-17 1933

I last saw her alive on never, 19 . Death is said

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

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

Intestinal obstruction
13 1/2 hrs
12:50 PM 2-17-33

Date of onset

Other contributory causes of importance:

Chronic constipation
cause unknown

Name of operation..... Date of.....

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....., 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?.....

If so, specify.....

(Signed) Jon L. Fluman, M. D.
(Address) Patton, Mo.

