WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

29287

1. PLACE OF DEATH

36 County Franklin — Registration District No. 295 — File No. 29287

Township Meramec — Primary Registration District No. 5412 — Registered No. 25

City Sullivan (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Jane Cain

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 29

7. AGE: YEARS 4 — MONTHS 2 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Leslie Louis Cain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Mo

MOTHER
15. MAIDEN NAME Carmen Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton Mo

17. INFORMANT (ADDRESS) Leslie L. Cain

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Sullivan, Mo DATE Sept 15 1933

19. UNDERTAKER (ADDRESS) Thos. P. Shaffer Sullivan, Mo

20. FILED Oct 9th 1933 J. P. Dunigan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1932, to Sept 13, 1933

I last saw her alive on Sept 1, 1933. Death is said to have occurred on the date stated above, at 10 P. m.

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

Amaurotic Idiocy - Tay & Sachs 873 Disease — Date of onset: birth

Other contributory causes of importance: Inanition

Name of operation None Date of

What test confirmed diagnosis? Clinical 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? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. A. Proctor, M. D.

(Address) Sullivan Mo