

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

Do not use this space.

**30137**

**1. PLACE OF DEATH**

County Lamar Registration District No. 1054  
 Township Red Oak Primary Registration District No. 5631  
 City No. St. Ward

**2. FULL NAME**

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph T. Cahoon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-29-1872</u>		
7. AGE YEARS <u>61</u>	MONTHS	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>at home</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>J. T. Burnette</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Lusam Masores</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Fred Campbell</u> (ADDRESS) <u>Bowers Hill Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Red Oak</u> DATE <u>9-21-1933</u>		
19. UNDERTAKER <u>Mois L. Leason</u> (ADDRESS) <u>Miller Mo</u>		
20. FILED <u>Sept 23, 1933</u> <u>Eliza Weber</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-1-1933 to 9-19-1933, 1933  
 I last saw him alive on 9-18-1933, 1933 Death is said to have occurred on the date stated above, at 8 P m.  
 The principal cause of death and related causes of importance were as follows:  
Myocardial Infarction Date of onset  
920A  
970  
 Other contributory causes of importance:

Name of operation clay Date of operation  
 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, 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? no  
 If so, specify  
 (Signed) J. S. Berry, M. D.  
 (Address) Miller

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.

OCT 20 1933

