

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

*Dr. W.*

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

Do not use this space.

30297

1. PLACE OF DEATH  
 County Mississippi Registration District No. 647  
 Township East Prairie Primary Registration District No. 4934  
 City East Prairie (No. ....) St. .... Ward) (If nonresident, give city or town and State)  
 2. FULL NAME John Dowden Cave  
 (a) Residence, No. .... St. .... Ward. (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Cave  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1859  
 7. AGE YEARS 74 MONTHS ..... DAYS ..... If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
 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) Bardwell, Ky.  
 MOTHER FATHER 13. NAME Jim Cave  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.  
 15. MAIDEN NAME Amanda Ray  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.  
 17. INFORMANT John Mitchell (ADDRESS) East Prairie, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Dogwood DATE Sept. 16, 33  
 19. UNDERTAKER Byrnes Mc Shilly (ADDRESS) East Prairie, Mo.  
 20. FILED Sept 15, 1933 Duff on Dodge Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933 to Sept 15, 1933  
 I last saw him alive on Sept 14, 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:  
Apoplexy  
gta  
ca  
 Other contributory causes of importance:  
 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 Ben W Whitaker, M. D.  
 (Signed) Ben W Whitaker (Address) East Prairie mo

