

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.

NOV 10 1933

Dr Cowen La. & Doctor
E. O. Ball Registrar
for permit

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

Do not use this space.

32615

1. PLACE OF DEATH

County *Lade*
 Township *Smith*
 City *(None)*

Registration District No. *237*
 Primary Registration District No. *8330*

File No. _____
 Registered No. *4-8*
 St. _____ Ward _____

2. FULL NAME *Cain, C Gilmore*

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Divorced</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 26-1876</i>		
7. AGE YEARS <i>57</i>	MONTHS <i>7</i>	DAYS <i>24</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Spanish War</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Veteran</i>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pilgrim Mo</i>		
13. NAME <i>Joseph Gilmore</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky</i>		
15. MAIDEN NAME <i>Ellen Lollar</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pilgrim Mo</i>		
17. INFORMANT (ADDRESS) <i>Martha A. Coble Lockwood, Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Antioch</i> DATE <i>Oct 22 1933</i>		
19. UNDERTAKER (ADDRESS) <i>Ray Caldwell Lockwood, Mo</i>		
20. FILED <i>10/21 1933</i> <i>E. O. Ball Registrar</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 20 1933*

22. I HEREBY CERTIFY, That I attended deceased from *June 1 1933* to *Oct 20 1933*
 I first saw him alive on *Aug 15 1933*. Death is said to have occurred on the date stated above, at *10:30 PM*
 The principal cause of death and related causes of importance were as follows:
Tuberculosis pulmonary
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? *no*
 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) *J. O. Cowan*, M. D.
 (Address) *Lucasfield Mo.*

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