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.

JUN 26 1934

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

Do not use this space.

19065

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township — Primary Registration District No. 6248 03, — Registered No. 175

City Jefferson Barracks, Mo (No., Veterans' Administration Facility St. Ward)

2. FULL NAME Estes Cain

(a) Residence, No. 1812 Trendley Ave., E.St.Louis, Ills 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. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	COLORED	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 23, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, — hrs. or min.
	41	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L.& N.R.R.

10. Date deceased last worked at this occupation (month and year) Year 1926

11. Total time (years) spent in this occupation Unavailable

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookhaven Mississippi

FATHER

13. NAME Monroe Cain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookhaven Mississippi

MOTHER

15. MAIDEN NAME Sissie Griffith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookhaven Mississippi

17. INFORMANT (ADDRESS) E.T.Gallagher, M.D., Act.Clin.Dir., Vets.Adm.Fac., Jeff.Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jefferson Barracks DATE 5-28 1934

19. UNDERTAKER (ADDRESS) R.M.Green 1318 E. Bdway E. St. Louis Ill

20. FILED 5-25 1934 B. H. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934, to May 21, 1934

I last saw him alive on May 21, 1934 Death is said to have occurred on the date stated above, at 12:25 P.M.

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

	Date of onset
Pneumonia, Lobar	Unkn.

108

Other contributory causes of importance: None

Name of operation None Date of — —

What test confirmed diagnosis? Clinical manifestations, X-Ray, Physical findings Was there an autopsy? Yes

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) W. A. GIBSON, M.D., Manager, MXD

(Address) Vets.Adm.Fac., Jeff.Bks., Mo.