

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

Do not use this space.

1. PLACE OF DEATH

County Bates
Township
City Rich Hill (No. _____)

Registration District No. 53
Primary Registration District No. 3005

File No. 19439
Registered No. 32
St. _____ Ward _____

2. FULL NAME

Margaret A. Cain
(a) Residence, No. _____ 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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1957

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
27 2 17

OCCUPATION

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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
13. NAME Wm. McPherson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ienn.
15. MAIDEN NAME Ellan Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Hankins
Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenhawn DATE June 16 - 1934

19. UNDERTAKER (ADDRESS) Pond & Beasley
Rich Hill Mo

20. FILED June 16 - 1934 James J. Quinn
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 - 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1934, to June 14, 1934
I last saw her alive on June 12, 1934 Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Senile Dementia
Hypertension
Arteriosclerosis
97
100
160

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) Robert Smith, M. D.
(Address) Rich Hill, Mo.

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.

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

7
6
6
26 1934

