FEB 8 1935

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

Do not use this space.

PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 3890

Township Carondolet — Primary Registration District No. 6248 B — Registered No. 19

City Koch, ~~Mo.~~ (No. Koch Hospital St. Ward)

2. FULL NAME McCain, Thomas

(a) Residence, No. 512 N. Channing St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1898

7. AGE: YEARS 36 — MONTHS 6 — DAYS 11 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker
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) Mississippi

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

17. INFORMANT (ADDRESS) Koch Hospital Records Koch, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dixon DATE Jan 10 1935

19. UNDERTAKER (ADDRESS) L. V. Atkins 3317 Delmar

20. FILED Jan 9 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-28-34, 19..., to 1-6-35, 19...

I last saw him alive on 1-6-35, 19... Death is said to have occurred on the date stated above, at 9:45 A.M.

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

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:
Tuberculous Enteritis
Tuberculous Laryngitis

Name of operation X-ray & sputum 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
(Signed) C. T. Herbert, M. D.
(Address) Koch Hospital Koch, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIO