

MAY 15 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12413

1. PLACE OF DEATH

County Wanglan
 Township Wanglan
 City Cairo (No. 1)

Registration District No. 272
 Primary Registration District No. 4165-

File No. 12413
 Registered No. 49
 St. Wanglan Ward)

2. FULL NAME

(a) Residence, No. Salome Cairns St. Wanglan Ward. Wanglan
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>John Cairns</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-2-1842</u>		
7. AGE <u>93</u>	YEARS <u>93</u>	MONTHS <u>22</u>
DAYS <u>22</u>		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>New York</u>		
13. NAME <u>William White</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
15. MAIDEN NAME <u>Miss Kaulin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Herschell Casins</u> (ADDRESS) <u>ava</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Independence, Mo</u> PLACE <u>Woods Chapel</u> DATE <u>4-26</u> 1935		
19. UNDERTAKER <u>C.V. Climbey</u> (ADDRESS) <u>ava mo</u>		
20. FILED <u>4-25</u> 1935 <u>Henry Burke</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-1935
 22. I HEREBY CERTIFY, That I attended deceased from 8-7 1935 to 4-19 1935
 I last saw him alive on 4-17 1935. Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance were as follows:

mitral stenosis
 Date of onset

Other contributory causes of importance:

Name of operation Pericarditis Date of 4-19
 What test confirmed diagnosis? AF Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? AF Date of injury 4-19
 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 AF
 Nature of injury AF

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify AF
 (Signed) J. L. Gentry M. D.
 (Address) ava

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.

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