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JUL 27 1935

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

Do not use this space.

20858

1. PLACE OF DEATH
County St Francois — Registration District No. 775 — File No.
Township Perry — Primary Registration District No. 6020 — Registered No. 44
City Bonne Terre, Mo. (No. ..., ... St. ... Ward)

2. FULL NAME Lucy Olie Cain
(a) Residence, No. Bonne Terre Mo. 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo H Cain
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 - 1856
7. AGE YEARS 79 MONTHS 0 DAYS 21 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St Francois County Missouri

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

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

17. INFORMANT (ADDRESS) Wm E Phillips Bonne Terre Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE B. F. Cemetery DATE 6/30 1935
19. UNDERTAKER (ADDRESS) Benham Mfg. Co Bonne Terre Mo
20. FILED 7-1 1935 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1935
22. I HEREBY CERTIFY That I attended deceased from April 9 1935, to June 28 1935
I last saw her alive on June 28 1935 Death is said to have occurred on the date stated above, at 4:45 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of liver, Metastasis (unable to determine original or primary location). — Date of onset May 13
Other contributory causes of importance: Bronchio-pneumonia — June 26
Name of operation None 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) N. W. Hawkins, M. D.
(Address) Bonne Terre, 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.