

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

Do not use this space.

JUL 17 1935

21997

1. PLACE OF DEATH

County Adair Registration District No. 4
Township _____ Primary Registration District No. 2001
City Kirkville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 127

2. FULL NAME Philip Robinson Cain

(a) Residence, No. 115 S. Fifth St. St. _____ Ward. Hannibal, Mo.
(Usual place of abode) Hannibal, Mo. (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. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 7 4

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

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) June 25, 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Adair County
(STATE OR COUNTRY) Missouri

13. NAME John Cain

14. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

15. MAIDEN NAME Emma Hill

16. BIRTHPLACE (CITY OR TOWN) Randolph County
(STATE OR COUNTRY) Missouri

17. INFORMANT Miss Emma G. Parris
(ADDRESS) Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Collett Cemetery DATE July 7, 1935

19. UNDERTAKER Davis & Wilson
(ADDRESS) Kirkville, Mo.

20. FILED July 8, 1935 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1935, to July 5, 1935.
I last saw him alive on July 5, 1935. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Diabetic Coma

Date of onset _____

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? no

If so, specify _____

(Signed) Ed Laughlin M. D.

(Address) Hannibal, Mo.

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

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.

