

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

Do not use this space.

REG 14 1935

1. PLACE OF DEATH

23 County Clark Registration District No. 194
Township _____ Primary Registration District No. 4117
City Wyaconda (No. _____) St. _____ Ward _____

File No. 22452
Registered No. 12

2. FULL NAME

33 William H Cain
(a) Residence, No. W St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 20 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Reta Cain</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 16, 1876</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>4</u>
	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lumberman</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>Clark Co. Mo.</u>		
MOTHER FATHER	13. NAME <u>Walter Cain</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perma</u>	
	15. MAIDEN NAME <u>Nancy Rayburn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Reta Cain</u> (ADDRESS) <u>Wyaconda Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wyaconda</u> DATE <u>July 6, 1935</u>		
19. UNDERTAKER <u>Esenthopshadett</u> (ADDRESS) <u>Wyaconda Mo.</u>		
20. FILED <u>7-6</u> 19 <u>35</u> <u>Bessie Blatner</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to July 4, 1935
I last saw him alive on July 4, 1935 - Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:
Anemia
Spiral arthritis
Atherosclerosis
Other contributory causes of importance
Spiral arthritis
Atherosclerosis
Name of operation _____ 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? NO
If so, specify _____
(Signed) A. L. Davis M.
(Address) Wyaconda Mo.

Date of onset
1934
Spinal Arthritis

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 FAIRLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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