

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.

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

Do not use this space.

37148

1. PLACE OF DEATH

County St. Francois Registration District No. 773
Township _____ Primary Registration District No. 4464
City Farmington (No. _____) St. _____ Ward _____

File No. _____
Registered No. 152

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
37 9 23

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

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) Farmington, Mo.

13. NAME Gus Cayce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington, Mo.

15. MAIDEN NAME Amie Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton, Mo.

17. INFORMANT Gus Cayce (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cot Masonic DATE 11-8-1935

19. UNDERTAKER Frederick Wood Co. (ADDRESS) Farmington, Mo.

20. FILED Nov 8, 1935 W. P. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Nov 7, 1935.

I last saw him alive on Nov 1, 1935. Death is said

to have occurred on the date stated above, at 11:15 am.

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

Myocardial acute
Hepatitis

General Dropsy

Other contributory causes of importance: 930

Name of operation Paracentesis Date of Nov 7, 35

What test confirmed diagnosis? Clinical 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 Joseph Henry, M. D.

(Signed) _____ (Address) Farmington, Mo.

