

APR 21 1936

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

Do not use this space.

11307

1. PLACE OF DEATH

County LacledeRegistration District No. 449

File No.

Township LebanonPrimary Registration District No. 4267

Registered No.

City Lebanon (No., St. Ward)2. FULL NAME Mary Cain(a) Residence, No. 5 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Cain6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 11 3

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

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) Laclede Co Mo13. NAME Thomas Shomake14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Sarah McCain16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) John Cain Lebanon18. BURIAL, CREMATION, OR REMOVAL Harrell Cemetery 3-12-193619. UNDERTAKER (ADDRESS) Hofmann & Stewart Lebanon Mo20. FILED 3/10 - 1936 Ja M. Camb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1936, to Feb. 10 1936, 1936.I last saw her alive on Feb. 10 1936. Death is saidto have occurred on the date stated above, at 12:45 m.

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

Cerebral hemorrhage Date of onset 2/10/36

Other contributory causes of importance:

Name of operation none Date of none
What test confirmed diagnosis? Physical examination Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Preston Thompson M. D.
(Address) Lebanon, 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.

WHITE PERMIT WITH IMPENDING INK—THIS IS A PERMANENT RECORD

