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

APR 25 1936

Do not use this space.

16772

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 115
City ~~Brentwood~~ (No. Rose and North and South Rd. St. Ward)

2. FULL NAME Johnie Cayce
(a) Residence, No. Rose and North & South Rd. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
f	colored	widow

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	43	3	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Domestic~~
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) Mo.

FATHER
13. NAME John Watts,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Priscilla Bates,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Joseph Frances,
(ADDRESS) Brentwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Apl. 7, 1936

19. UNDERTAKER J. H. Harrison
(ADDRESS) 2906 Lawton

20. FILED 4-6-36 H. A. Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2:45PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. endocarditis, Chr. calcification of all the leaflets and orifices of the heart. Large organized embolic clot, greatly filling rt. ventricle and occluding the	

Other contributory causes of importance:
orifice of the rt. auricle, causing complete shut off of the heart cycle Sec; Occlusion of the tricuspid valve

Name of operation OVER Date of
What test confirmed diagnosis? Was there an autopsy? No Yes
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 4/1/36
(Signed) Luke B. Lynn, M. D.
(Address) 3718 Jennings Rd.

caused by large organized clot shutting off heart cycle.