

JUN 17 1936

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

Do not use this space.

19025

1. PLACE OF DEATH

County *Deer*
Township *Springer Creek*
City (No.) (No.)

Registration District No. *266*
Primary Registration District No. *5-370*

File No.
Registered No. *39*
St. Ward)

2. FULL NAME

Wilson Cage

(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 *75* yrs. *3* mos. *29* 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 *Elizabeth Cage*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 17 - 1861*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75- 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
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) *Deer Co Mo.*

FATHER 13. NAME *Wilson Cage*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

MOTHER 15. MAIDEN NAME *Martha Shuck*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

17. INFORMANT *Allen Cage* (ADDRESS) *Salem Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cedar Grove* DATE *5/17 1936*

19. UNDERTAKER *N. D. Nabron* (ADDRESS) *Salem Mo.*

20. FILED *5/17/ 1936* *W. C. Ruddle, Jr.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 16th 1936*

22. I HEREBY CERTIFY, That I attended deceased from *May 16th 1936* to *May 18th 1936*

I last saw him alive on *May 16 1936* Death is said to have occurred on the date stated above, at *9:50 A.M.*

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

Cardiac Dilatation
705
Other contributory causes of importance: Gastro Intestinal infection - Intensity
Date of onset *Don't know*
8 or 10 hrs

Name of operation Date of
What test confirmed diagnosis *clinical* 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) *J. D. Lingo*, M. D.
(Address) *Salem 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.

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

