

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

JUL 22 1936

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23230

1. PLACE OF DEATH

County Jasper
Township
City Centerville, Mo. (No. _____ St. _____ Ward _____)Registration District No. _____
Primary Registration District No. _____File No. _____
Registered No. _____

2. FULL NAME

Residence, No. 206 E. Main St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE American 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF R. M. Cain6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-18627. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 8 25OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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) Penn.MOTHER 13. NAME Joseph H Sanders14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.15. MAIDEN NAME Sarah Hadden16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.17. INFORMANT Mrs Fred Black (daughter)
(ADDRESS) Centerville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE MOUNT HOPE CEMETERY DATE 6/30/3619. UNDERTAKER Hedge-Nolan Funeral Home
(ADDRESS) Wells City Mo.20. FILED 6/30/36 J. W. Clark.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/28/36, 193622. I HEREBY CERTIFY That I attended deceased from Jan 1, 1932, to June 28, 1936I last saw her alive on June 27, 1936. Death is said to have occurred on the date stated above, at 4:30 m.

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

Date of onset

Chronic Myocarditis.
Interstitial Nephritis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

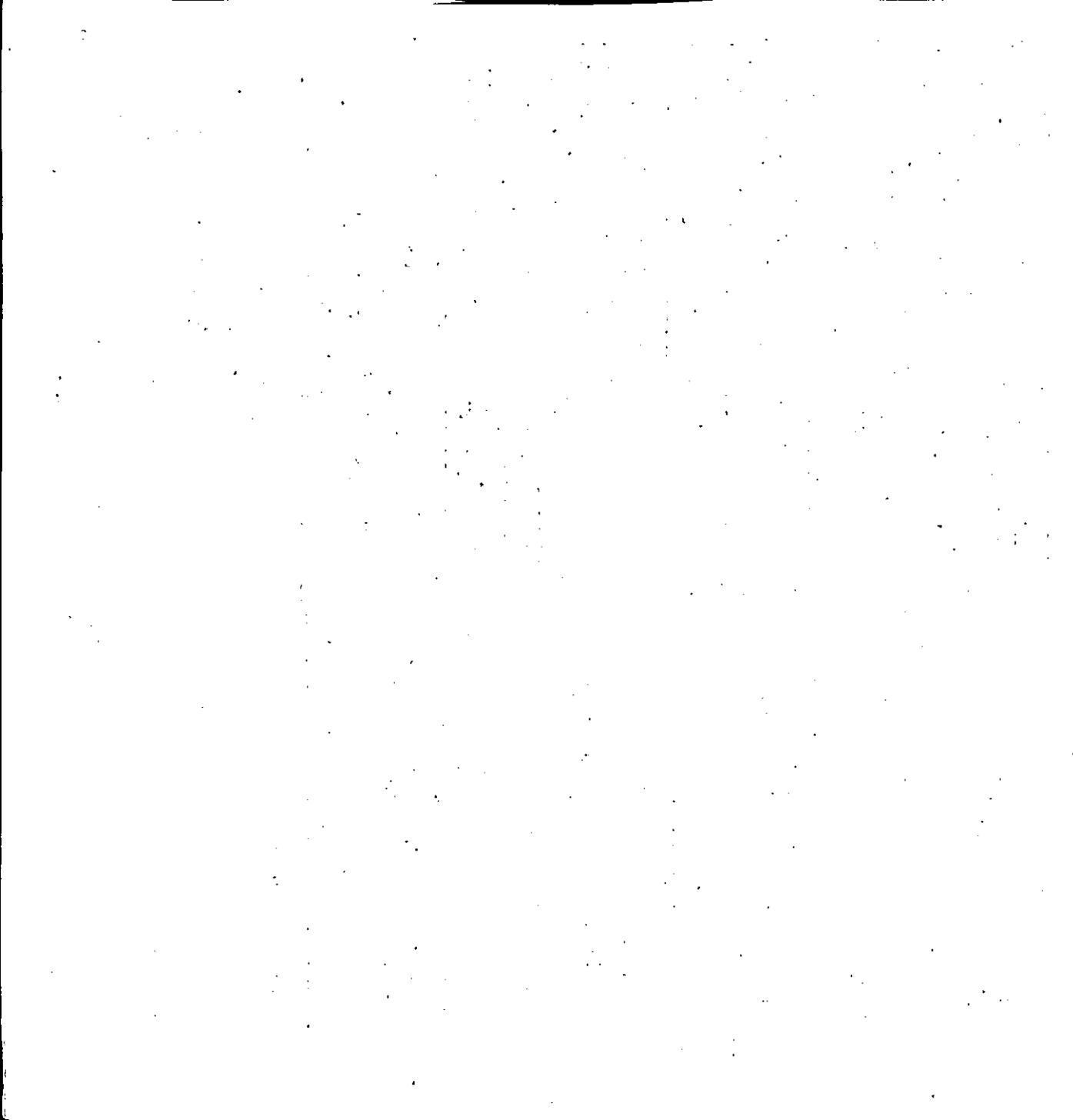
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify R. M. Stormont (Signed) _____, M. D.(Address) Webb City Mo



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Gasper Registration District No. 407 File No. _____
 Township _____ Primary Registration District No. 4241 Registered No. _____
 City Cartersville (No. _____) St. _____ Ward _____

2. FULL NAME Sarah E. Cain

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 8 21-

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Cartersville, Ga.

FATHER 13. NAME W. W. Cain

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Aug. 11, 1936 J. W. Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/28 1936

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 _____ m.

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

Chc myocarditis
interstitial nephritis
Chronic nephritis

Other contributory causes of importance: _____

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? _____

If so, specify _____

(Signed) R. M. Starnant, M. D.

(Address) Web City, Mo.

S-23230