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.

AUG 17 1936

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

Do not use this space.

25796

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 121
Township — Primary Registration District No. 3009
City Cape Girardeau (No. Brown addition St. Ward)

File No.
Registered No. 246

2. FULL NAME Harold Eugen McCane
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 26-1935
7. AGE YEARS: MONTHS 10 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child
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): Cape Girardeau Mo

FATHER
13. NAME: Carroll McCane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo

MOTHER
15. MAIDEN NAME: Myrtle Pringle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Neelyslanding Mo

17. INFORMANT (ADDRESS): Carroll McCane Cape Girardeau Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmount DATE July 20 1936
19. UNDERTAKER (ADDRESS): Lasberg F & M Co Cape Girardeau Mo
20. FILED 7-18, 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1936
22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to July 18, 1936
I last saw him alive on July 15, 1936. Death is said to have occurred on the date stated above, at 1:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea Infantum	Jul. 1. 1936

119 b

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? None 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) R. G. Ritter, M. D.
(Address) Cape Girardeau Mo