

MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township
City Jefferson (No., St., Ward)

Registration District No. 213
Primary Registration District No. 3014

File No. 5571
Registered No. 66

2. FULL NAME Sam McCain #42971 Missouri State Penitentiary

(a) Residence, No. Jefferson City Mo. 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 Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 35 — — —

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. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unkn

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mo. St. Person
(ADDRESS) 910 Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Nicksville, Mo. DATE 2/5 193719. UNDERTAKER Heinrichs Und Co.
(ADDRESS) Jefferson City Mo.20. FILED 2/5/37 1937 Dr. M. O. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Wed. Feb. 3d 193722. I HEREBY CERTIFY, That I attended deceased from Feb. 20th 1936 to Feb. 3d 1937I last saw him alive on Feb 3d 1937 Death is saidto have occurred on the date stated above, at 11.15 P.M.

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

Date of onset

Unkn.Pulmonary Tuberculosis

Other contributory causes of importance:

Names of operation None Date ofWhat test confirmed diagnosis? 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?

If so, specify W. W. Rando, M. D.
(Signed)(Address) Prison Physician
Jefferson City 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.

