

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township N. Jackson
City Hair Grove (No. _____)

Registration District No. 322
Primary Registration District No. 5446A

File No. 23774
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Maggie K. Cain
(a) Residence, No. 744 Grove St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. K. Cain</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 - 1881</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>10</u>	DAYS <u>18</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 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) 7

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Greene Co. Mo.

FATHER

13. NAME W. C. Allan

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

MOTHER

15. MAIDEN NAME Alice Smith

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

17. INFORMANT E. K. Cain
(ADDRESS) Hair Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Bluff DATE 8-28 1937

19. UNDERTAKER F. B. Jones
(ADDRESS) Buffalo Mo.

20. FILED June 17, 1937 Allan Barnes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-37

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4 1937 to 5 27 1937
I last saw her alive on 24 1937. Death is said to have occurred on the date stated above, at 1:25 a.m.
The principal cause of death and related causes of importance were as follows:

Permeacanthemia

Other contributory causes of importance:
NO

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 COB
(Signed) E. K. Cain, M. D.
(Address) St. Louis Mo.

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

RECEIVED FOR BINDING

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.

20M-7-18-36
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