

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County AudrainTownship SaltriverCity Mexico Mo

(No. _____)

Registration District No. 26Primary Registration District No. 3002File No. 33539Registered No. 139

St. _____ Ward _____

2. FULL NAME Dan H. Cauthorn(a) Residence, No. 320 Woodlawn

(Usual place of abode)

St. _____

Ward _____

(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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMabel E. Cauthorn

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

March 7, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.4 6431

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Real Estate9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.own business10. Date deceased last worked at
this occupation (month and
year) 9-7-193711. Total time (years)
spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN)

Audrain County, Mo.

(STATE OR COUNTRY)

MOTHER FATHER

13. NAME Carter J. Cauthorn

14. BIRTHPLACE (CITY OR TOWN)

Va.

(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Botts

16. BIRTHPLACE (CITY OR TOWN)

Va.

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Miss Cassie CauthornMexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Elmwood, MexicoDATE Sept. 9

19. 3

19. UNDERTAKER

(ADDRESS)

H. A. Precht & SonMexico, Mo.

20. FILED

9-81937B. K. Keely

Registration

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Sept 8 - 1937

22. I HEREBY CERTIFY That I attended deceased from

Family Physician for yearsI last saw him (alive) on Sept 7, 1937. Death is saidto have occurred on the date stated above, at 5 A m.

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

Date of onset

Last illness (found dead)a few hrs after an apparentacute indigestionHistory indicates that it wasAngina Pectoris

Other contributory causes of importance:

Seven American yrs that requiredconstant use of MorphineChronic cholelithiasisLarge varicose hemorrhoids with adhesionsName of operation none Date of noneWhat 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) H. R. Redus, M. D.(Address) Mexico, 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.

