

DEC 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 Charles
Township
City St Charles

Registration District No. 757
Primary Registration District No. 3036
(No. St Joseph Hospital)

File No. 42297
Registered No. 187
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Elmer Cairns. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 29th 1937</u>		
7. AGE	YEARS	MONTHS
	<u>43</u>	<u>0</u>
		DAYS
		<u>7</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer</u>
	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) Alton Ill13. NAME Charles Cairns14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersey County Ill15. MAIDEN NAME Nora Holmes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersey County Ill17. INFORMANT Lee Cairns
(ADDRESS) Alton Ill18. BURIAL, CREMATION, OR REMOVAL
PLACE Alton Ill DATE Nov 7th 193719. UNDERTAKER W. H. Dalmeyer & Co.
(ADDRESS) 600 N 2nd St Charles Mo.20. FILED 11/8 1937 E. Cairns Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6-37 1937

22. I HEREBY CERTIFY, That I attended deceased from 3:45 PM
Held Inquest, 1937, to 11-8-37, 1937

I last saw him alive on _____ 1937 Death is said to have occurred on the date stated above, at 12.10 m.

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

Hemo-Pneumothorax right lung following rupture by 6th rib.

Other contributory causes of importance: 210 m
Pedestrian struck by automobile.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-4-37
Where did injury occur? St. Charles, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
City Street.
Manner of injury Crossing street.
Nature of injury Chest injuries.

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify John Reese
(Signed) John Reese
(Address) Coroner St. Charles County 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.

