FEB 12 1938

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

Do not use this space. 1305

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 1161
(c) City St. Louis (d) Street No. Missouri Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hazel Genevieve Cain 500
(a) Residence, No. ..... St. NR Sullivan, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1917
7. AGE YEARS 20 MONTHS 10 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe-worker
9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Factory
10. Date deceased last worked at this occupation (month and year) Jan. 8, 1938
11. Total time (years) spent in this occupation 3 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Missouri

FATHER
13. NAME James H. Cain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Missouri

MOTHER
15. MAIDEN NAME Olive Grace Doyle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Missouri

17. INFORMANT (ADDRESS) Wm. B. Doyle Sullivan, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan, Mo. DATE Jan. 30, 1938
19. FUNERAL DIRECTOR (ADDRESS) Thos. P. Shaffer Sullivan, Missouri
20. FILED JAN 31 1938, 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1938, to Jan 28, 1938
I last saw her alive on Jan - 28, 1938 Death is said to have occurred on the date stated above, at 6:10 P.M.
The principal cause of death and related causes of importance were as follows:

Peritonitis following appendectomy for acute appendicitis.

Date of onset

Other contributory causes of importance:

Name of operation appendectomy Date of .....
What 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) W. M. Winn, M. D.
(Address) 4627 Taylor ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr Warren

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)