

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.

Certified copy  
REC'D MAY 13 1938

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

Do not use this space.

15629

1. PLACE OF DEATH  
 County Randolph Registration District No. 735  
 Township Sugar Creek Primary Registration District No. 3034  
 City Mohealy (No. 124, Hinton Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George W. Cave 100  
 (a) Residence, No. 124 Hinton Ave 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Cave

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 1 2

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_ 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Ky. 9

13. NAME George W. Cave 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 1

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. George W. Cave  
 (ADDRESS) 124 Hinton Ave

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Sadland Cemetery DATE May 2, 1938

19. UNDERTAKER Snow Funeral Home  
 (ADDRESS) Mohealy, Mo.

20. FILED May 2, 1938 J. Ethel Clark  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan - 19 - 1938, to April 30 - 1938  
 I last saw him alive on April - 30 - 1938. Death is said to have occurred on the date stated above, at 2:45 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Accurate diagnosis never made, probably syringomyelia. P  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
General arterio-sclerosis ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical symptoms 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) E. H. Shrader, M. D.  
 (Address) Mohealy, Mo.

