Trader

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

Do not use this space.

26177

REC'D AUG 26 1938

1. PLACE OF DEATH

County: Pettis — Registration District No. 668

Township: — Primary Registration District No. 3032

City: Sedalia (No. 502 Wilkerson St. Ward)

File No. 222

Registered No. 668

2. FULL NAME: John Milton Cain

(a) Residence, No. 502 Wilkerson 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: Lacy Cain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 26, 1851

7. AGE: Years 86 | Months 11 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Not Employed

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): Winston-Salem N.C.

FATHER

13. NAME: William Cain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.C.

MOTHER

15. MAIDEN NAME: Beaman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.C.

17. INFORMANT (ADDRESS): W.C.Cain Sedalia,Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: July 24,1938

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home Sedalia,Mo.

20. FILED July 28, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22/38, 19

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to July 22, 1938, 19

I last saw him alive on July 22, 1938. Death is said to have occurred on the date stated above, at 7:30 A.m.

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

Coronary thrombosis — Date of onset
First attack of angina pectoris in April 1938

Other contributory causes of importance:
Arterio-sclerosis

Name of operation: None — 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? No — 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) C. B. Trader, M. D.

604 (Address) Sedalia, Mo.

NOTE: 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.