

REC'D OCT 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County HarrisonRegistration District No. 336

Township

Primary Registration District No. 4199City Cainsville (No. _____)

St. _____ Ward) _____

2. FULL NAME William Elmore Cain

(a) Residence, No. _____

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)

Married5A. IF MARRIED, WIDOWED, OR DIVORCED—
HUSBAND OF _____
WIFE OF _____Nellie Cain6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January, 21, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.6672640

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

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)

Mercer County Missouri.

FATHER

13. NAME

John Cain

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

Mercer County Missouri.

MOTHER

15. MAIDEN NAME Lydia Zimmerman

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

Ohio.17. INFORMANT (ADDRESS) Mrs. Nellie Cain, Cainsville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mullins Cemetery, September, 19, 1938.19. UNDERTAKER (ADDRESS) Eddie J. Stoklossa, Cainsville, Missouri.20. FILED 9-18 19 38 68 Odeu Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September, 17, 193822. I HEREBY CERTIFY, That I attended deceased from Oct. 1937 to Sept 17, 1938I last saw h. / m. alive on Sept 17, 1938. Death is said to have occurred on the date stated above, at 9:10 A.M.

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance:

Chronic Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Dr. W. C. Smith, M. D.(Address) Cainsville, Missouri.

32283

File No. _____

Registered No. 13

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.

