DEC 6 1939

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

Do not use this space.

1. PLACE OF DEATH
County New Madrid
Township West
City Morehouse (No. ..... St. ..... Ward)

Registration District No. 603
Primary Registration District No. 4869

File No. 3204
Registered No. .....

2. FULL NAME 560 Bobby Dale 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):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 1932

7. AGE: Years 4 | Months 11 | Days 11 | If LESS than day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Morehouse
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Harry Cain
14. BIRTHPLACE (CITY OR TOWN) Morehouse
(STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Nadine Risinger
16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

17. INFORMANT Freman Cain
(ADDRESS) Morehouse Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston Mo. DATE 11/5/37, 19

19. UNDERTAKER John Albritton
(ADDRESS) Sikeston Mo.

20. FILED 4-26, 1939 John Parrish
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/5/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1937, to 11-2, 1937
I last saw him alive on 11-2, 1937. Death is said to have occurred on the date stated above, at 1.45 a.m.
The principal cause of death and related causes of importance were as follows:

Paris Green poisoning {accidentally self administered} — Date of onset

Other contributory causes of importance:
None

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 19....
Where did injury occur? At home (Poisoning)
(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) A. Glenn Davis, M. D.
(Address) Morehouse, Mo.

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