APR 30 1930

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

Do not use this space.

9752

1. PLACE OF DEATH
County Pemiscot
Township
City Steele
Registration District No. 655
Primary Registration District No. 4892
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME Mannie Lula Sathelle ~~Hung~~ 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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: E. C. Cain

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 6-1901

7. AGE: YEARS 28 MONTHS 6 DAYS 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): myrtle miss

PARENTS
10. NAME OF FATHER: A. J. Henry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): myrtle miss
12. MAIDEN NAME OF MOTHER: Bell Herndon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Rosedale miss

14. INFORMANT: A. J. Henry
(Address) Caledonia miss

15. FILED 4/5, 1930 Max P. Kelley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch. 24, 1930, to Mch. 27, 1930 that I last saw her alive on Mch 27, 1930, and that death occurred, on the date stated above, at 10 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Malaria
38
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Her home
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical symptoms
(Signed) J. W. Robbins, M. D.
, 19 (Address) Steele mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Laforge Cem. Cottonwood
DATE OF BURIAL: 3-28 1930

20. UNDERTAKER: Gennemond & Steele
ADDRESS: Steele