

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

Do not use this space.

12089

15

1. PLACE OF DEATH

106 County..... TANEY Registration District No..... 859 File No.....
Township..... BRANSON Primary Registration District No..... 6128 Registered No.....
City..... (No.....) St..... Ward.....

2. FULL NAME

WESLEY B. 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 <u>Male</u>	4. COLOR OR RACE <u>WHITE?</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MRS W. B. CAIN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPT. 14th 1875</u>		
7. AGE <u>57</u> YEARS	MONTHS <u>6</u>	DAYS <u>1</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>
	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)..... CAMEL CO. KY.
(STATE OR COUNTRY)

MOTHER FATHER
13. NAME..... J. W. CAIN

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

15. MAIDEN NAME..... MARY WHALEY

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

17. INFORMANT..... MRS. W. B. CAIN
(ADDRESS)..... BRANSON. MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE BRANSON MO. DATE 3/14/33 19.....

19. UNDERTAKER..... R. O. WHELCHER
(ADDRESS)..... BRANSON. MO.

20. FILED 3/14th. 19 33 P. A. THORNHILL.
BRANSON. MO. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/33 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-20-33 to 3-12-33 1933
I last saw him alive on 3-12-33 1933 Death is said to have occurred on the date stated above, at 7 PM.
The principal cause of death and related causes of importance were as follows:

ascending coloy
46C
Other contributory causes of importance:
1/60

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) C. P. Martin M. D.
(Address).....

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.

RECORD WITH OTHER RECORDS IN THIS IS A PERMANENT RECORD

