

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

38779

NOV 20 1936

1. PLACE OF DEATH

County Buckhannon

Registration District No. 85

Township Washington

Primary Registration District No. 1001

City St Joseph

(No.)

File No.

1308

Registered No.

St.

Ward)

2. FULL NAME Arch. C. Cain

(a) Residence. No. Mo Methodist Hospital 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Use the word)

Married

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

Belle Cain

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

Sept 5 - 1877

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

59

1

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

George L. Cain

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

Lurana Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Santa Rosa Mo

14.

INFORMANT

Loren Cain

(Address)

McFall, Mo.

15.

FILED

19/17 1936

A. J. Nettleship
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

IO/16/36

19

17.

I HEREBY CERTIFY, That I attended deceased from 10-11-36, 1936, to 10-16- 1936, that I last saw h. h, alive on 10-16- 1936, and that death occurred, on the date stated above, at 11 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericardial Pericarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Pattonburg, Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

Blood tests etc.

(Signed)

Paul J. Jorgensen

M. D.

, 19

(Address)

St. Joseph, 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

DATE OF BURIAL

Pattonburg, Mo.

19

20. UNDERTAKER

ADDRESS

G. S. Garner

Pattonburg, Mo.

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