

REC'D MAR 15 1939

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

5752

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 15
 (b) Township Platte Primary Registration District No. 3819
 (c) City Rea (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 32. PRINT FULL NAME Andrew Jackson Cain

(a) Residence, No. Rea Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margarete Ann Barr6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 8 --- ---

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Postmaster
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Un Known
 (STATE OR COUNTRY) North Carolina

FATHER 13. NAME Charles Cain
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Sarah Jane Kenedy
 16. BIRTHPLACE (CITY OR TOWN) Un Known
 (STATE OR COUNTRY) North Carolina

17. INFORMANT Claude Cain
 (ADDRESS) Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Savannah DATE March 7 1939

19. FUNERAL DIRECTOR (NAME) E. C. Breit
 (ADDRESS) Savannah Mo.

20. FILED Mar 8 1939 Mrs E C Jeffers
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Mar 5, 1939.
 I last saw him alive on Mar 4, 1939. Death is said to have occurred on the date stated above, at 7/30a. Am
 The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia
 Date of onset _____
 Other contributory causes of importance: 159 N
smoking

Name of operation _____ Date of _____
 What test confirmed diagnosis? Infect Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? now
 (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) V Paulson M. D.
 (Address) Resardall

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.

RECEIVED

District Health Officer No. 11,

District File Number 39-155

Date Filed MAR 13 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

E. C. Breit, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.