MARGIN RESERVED FOR BINDING

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.

V. S. NO. 27 50M-2-20-37 I X12004

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REC'D APR 7 1939

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

10757
Do not use this space.

1. PLACE OF DEATH
(a) County FRANKLIN 2 Registration District No. 295
(b) Township MERAMEC 1 Primary Registration District No. 5412 Registered No.
(c) City (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 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 5[illegible] Corman Elota Cain
(a) Residence, No. 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: 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: Leslie L. Cain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 25, 1908

7. AGE: YEARS 30 | MONTHS 11 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year): March 1939.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co. Missouri

FATHER
13. NAME: Henry Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Ella Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co., Missouri.

17. INFORMANT (ADDRESS): Leslie L. Cain Sullivan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, Mo. DATE March 21 1938

19. FUNERAL DIRECTOR (ADDRESS): Thos. P. Shaffer Sullivan, Mo.

20. FILED Mar. 20 1939 Edgar W. Laffoon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1939 to Mar. 19, 1939
I last saw her alive on March 19, 1939 Death is said to have occurred on the date stated above, at 11:45 A. M.
The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance: Flu 11 W

Name of operation: None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No.

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) R P Royse, M. D.
(Address) Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)