

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.

MAY 22 1936

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

Do not use this space.

15037

1. PLACE OF DEATH

County Meru Registration District No. 556
Township Marion Primary Registration District No. 4328
City Princeton (No. St. Ward)

2. FULL NAME

Jennie Cain
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		<u>Ju</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 13 - 1859</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>7</u>
	DAYS <u>5</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>Housewife</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) (STATE OR COUNTRY) Mo

13. NAME dr. J. M. Fullerton

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

15. MAIDEN NAME Eliza Reeves

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

17. INFORMANT Mrs. Orley Storklas
(ADDRESS) Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Princeton DATE April 20, 1936

19. UNDERTAKER Paul Moss
(ADDRESS) Princeton Mo

20. FILED 4/18 19 36 J. M. Perry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936
20 April 18 1936

I last saw h. er alive on April 15 1936 Death is said

to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Sudden Death-found on floor. Date of onset

Had a chronic cardio-vascular-renal disease-with an extreme 4/18-36

degree of hypertension. Heart

was Chronic Valvular-mitral and

aortic insufficiency, and mitral

stenosis. Other contributory causes of importance: 18/

Chronic Bright Disease 10/94

Name of operation..... Date of.....

What test confirmed diagnosis? Phys and Lab 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..... No

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) A. S. Bristow..... M. D.

(Address) Princeton, Mo.

