

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

Do not use this space.

1917

**1. PLACE OF DEATH**

Registration District No. 556  
Township Morgan  
City Princeton (No. ....)

File No. ....  
Registered No. 1916  
St. .... Ward)

**2. FULL NAME**

Jonathan Cain

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
(arrise the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75 | 3 | 15

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Laborer Mechanic  
(b) General nature of industry, business, or establishment in which employed (or employer) 131 92 93  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Harrison County  
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Peter Cain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Annie Mullin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

14. INFORMANT Jessie Cain  
(Address) Princeton, Mo

15. FILED 1/2 39 J.M. Perry  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

5  
16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1930

I HEREBY CERTIFY That I attended deceased from July 5 1929 to Jan 1 1930  
that I last saw alive on Jan 1 1930 and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
1. Valvular heart disease - chronic mitral & aortic insuff. with worked myocarditis  
2. Chronic bilateral nephritis  
3. Acute splenitis.  
CONTRIBUTORY Acute splenitis both  
(SECONDARY) lungs - temp 105  
(duration) yrs. mos. 48 hours

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Phys. & lab. findings  
(Signed) A. S. Bristow M. D.  
116, 1930 (Address) Princeton, 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 Princeton, Mo DATE OF BURIAL Jan 2 1930

20. UNDERTAKER Wool Moss ADDRESS Princeton, Mo

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.

