

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

Do not use this space.

30511

**1. PLACE OF DEATH**

County Ballinger  
Township Garfield  
City Marble Hill (No. .... St. .... Ward)

Registration District No. 67  
Primary Registration District No. 2702C

File No. ....  
Registered No. 18

**2. FULL NAME**

Thomas Blackburn McCain  
(a) Residence. No. .... 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 Male 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 Rosie McCain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 15 - 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
<u>82.</u>	<u>11</u>	<u>27</u>		

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Starr Tenn

10. NAME OF FATHER George

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

12. MAIDEN NAME OF MOTHER Sally

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

14. INFORMANT Joe McCain  
(Address) Marble Hill

15. FILED Oct 8<sup>th</sup> 1931 Ed. Sander REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 5 1931, to Sept 12 1931, and that I last saw him alive on Sept 12 1931, and that death occurred, on the date stated above, at 10-30 A.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart failure - good. Myocardial infarction  
924 Magnolia (heart)  
110  
CONTRIBUTORY (SECONDARY) 924  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. J. [Signature] M. D.  
, 19 (Address) St. Louis

\*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 Gravelly 2 landing DATE OF BURIAL Apr 13 1931

20. UNDERTAKER A. J. Baker ADDRESS St. Louis

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.

OCT 22 1931

