

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.

1934

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

Do not use this space.

35116

1. PLACE OF DEATH

County Dunklin Registration District No. 283
Township Boonville Primary Registration District No. 5402
City Boonville (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Richard S. Cato

(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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Cato</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 24-1884</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>9</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</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)
Miss.

13. NAME
Ben. Cato

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

15. MAIDEN NAME
Dr.

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

17. INFORMANT (ADDRESS)
R. Cato

18. BURIAL, CREMATION, OR REMOVAL PLACE
Greenwood Cemetery DATE 11-6-1933

19. UNDERTAKER (ADDRESS)
Milchman

20. FILED 11-6-1933 Registrar E. J. Jones

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-6-1933

22. I HEREBY CERTIFY That I attended deceased from Nov-5-1933 to Nov-5-1933
I last saw h. alive on Nov-5-1933 Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Myocardial Infarction Date of onset 38

Other contributory causes of importance: 38

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) E. J. Jones, M. D.
(Address) Concord Miss

