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

Do not use this space.

37284

1. PLACE OF DEATH
County Jasper — Registration District No. 417 — File No.
Township Joplin — Primary Registration District No. 2021 — Registered No. 167
City Webb City (No. 109 S Roan Ave St. Ward)

2. FULL NAME William J. Cantrell
(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 W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14-1845
7. AGE Years 82 Months 4 Days 13 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Drill
(b) General nature of industry, business, or establishment in which employed (or employer) Operator
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia
PARENTS
10. NAME OF FATHER Stephen Cantrell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ga
12. MAIDEN NAME OF MOTHER Mary E. Goggins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ga
14. INFORMANT William A Cantrell
(Address) Webb City Mo.
15. FILED 12/27 1927 R. M. Stormont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1927
17. I HEREBY CERTIFY, That I attended deceased from May 3, 1924, to Dec 25, 1927, that I last saw him alive on Dec 20, 1927, and that death occurred, on the date stated above, at 7-55 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial
Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 129 A
(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) R. M. Stormont, M. D
12/27, 1927 (Address) Webb City

*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 Mt Hope — DATE OF BURIAL 12-27 1927
20. UNDERTAKER Newlin Hind Co. ADDRESS Joplin 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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD