

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

File No. 23867

Township Kaw

Primary Registration District No. 1002

Registered No. 2493

City Kansas City

(No. Kansas City General Hosp St.          Ward         )

**2. FULL NAME**

Cartmell, Frank

(a) Residence. No. Bonaventure Hotel St.          Ward.         

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 145 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 (write the word)**

married

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

Mrs. Luina Cartmell

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug 29<sup>th</sup> 1871

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>56</u>	<u>10</u>	<u>12</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Retired

(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)

Ill

**10. NAME OF FATHER**

Stephen Cartmell

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ill

**12. MAIDEN NAME OF MOTHER**

Junisha Cowing

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ill

**14.**

INFORMANT

(Address)

Ye and Clerk  
Kansas City Gen Hosp

**15.**

FILED

7/2 1928  
M. M. Reese  
Ass  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 7-11 1928

**17.**

I HEREBY CERTIFY That I attended deceased from 6-20, 1928, to 7-11, 1928 that I last saw him alive on 7-11, 1928, and that death occurred, on the date stated above, at 2:35 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Central Hemorrhage

CONTRIBUTORY (SECONDARY) Septicary Sepsis

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DIRECTLY OR INDIRECTLY PRECEDE DEATH. no DATE OF         

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Aut + Lab Findings

(Signed) P. C. Williams, M. D.

7-12, 1928 (Address) Supt K.C. General Hosp

\*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**

**DATE OF BURIAL**

Forest Hill Cem 7/13/28 19

**20. UNDERTAKER**

**ADDRESS**

W. F. Mayberry Co City

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.

