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

Do not use this space.

34261

1. PLACE OF DEATH
County: Monroe
Township: Jackson
City: ..... (No. ..... St. ..... Ward)

Registration District No. 382
Primary Registration District No. 5779

File No. .....
Registered No. 3-3

2. FULL NAME Pleasant C. Cartright

(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 50 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): Widowed

5a. ~~MARRIED~~, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) ~~WIFE OF~~ Mollie Cartright

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 17 1840

7. AGE: Years 87 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

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) Missouri

PARENTS
10. NAME OF FATHER Saml Cartright
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Malcena Clawson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky

14. INFORMANT Robt A. Cartright
(Address) Paris, Mo.

15. FILED OCT 13 1928 N. C. Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1928 to Oct 12 1928 that I last saw him alive on Oct 12 1928 and that death occurred, on the date stated above, at 3:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 A
67 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Arteio Sclerosis
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Geo. M. Reynolds M.D.
OCT 13 1928 (Address) Paris, 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: Holliday, Mo. | DATE OF BURIAL: 10/14 1928
20. UNDERTAKER: Speed & Blakey | ADDRESS: Paris, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD