FEB 25 1929

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

Do not use this space.

A
41867-A

1. PLACE OF DEATH
County Newton
Township Five Mile
City M
Registration District No. 611
Primary Registration District No. 6258
File No.
Registered No.
(No. St. Ward)

2. FULL NAME Mrs Olive Orile 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 34 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 J. B. Cartright

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1854

7. AGE: 74 Years | Months: 6 | Days: 29 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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) Michigan

PARENTS
10. NAME OF FATHER Chas Harnes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Marilla Perkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

14. INFORMANT J. B. Cartright (Address) Galena Kansas

15. FILED 1/9, 1929 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Oct 1, 1928 that I last saw her alive on Oct 1, 1928, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Kidneys
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. H. Jones M.D.
14 Dec 1928 (Address) Galena Kans

*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: Hill Crest Cem
DATE OF BURIAL: Dec 16 1928
20. UNDERTAKER: Porter M Clark
ADDRESS: Galena Kansas

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.