

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

Do not use this space.

1826

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 418

Registered No. 418

Ward General Hosp

2. FULL NAME

Cantrell B
(a) Residence. No. 1001 Penn St., ✓ Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 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)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Mary M. Cantrell

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

Feb. 5 1877

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

82

11

22

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)

Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Georgia

10. NAME OF FATHER

Haris Cantrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

N. Carolina

12. MAIDEN NAME OF MOTHER

Sarah Patten

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Georgia

14.

INFORMANT

(Address)

De una Clerk

Kansas City Genl Hosp

15.

FILED

1-28-29

M. M. Bruce

REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

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

Jan 27 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Jan 27, 1929, that I last saw him alive on Jan 27, 1929, and that death occurred, on the date stated above, at 1:08 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolism

127

890

135A

(duration) yrs. mos. ds.

CONTRIBUTORY Hypertrophy of Prostate

(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF OPERATION 1st state

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical Findings

(Signed)

P. E. Williams

M. D.

-27, 1929 (Address) Dept 7 C. C. Genl 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

Limon, Colo.

Jan 1929

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster

918 Brooklyn

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.

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