MAY 24 1929

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

219

Do not use this space.

5983-a

1. PLACE OF DEATH

County Dekalb — Registration District No. 7158

Township Camden — Primary Registration District No. 4156

City Amity — (No. ... St. ... Ward)

File No. ... Registered No. ...

2. FULL NAME William M. Cattrell

(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: M

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: Amanda Cattrell

6. DATE OF BIRTH (month, day and year): 1846-6-24

7. AGE: Years 82, Months 7, Days 15. If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired 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): Ohio

PARENTS

10. NAME OF FATHER: Moses Cattrell

11. BIRTHPLACE OF FATHER (city or town) (State or country): Indiana

12. MAIDEN NAME OF MOTHER: Amanda Clark

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Indiana

14. INFORMANT: Mrs B. White — (Address) Amity Mo.

15. FILED 2 20 1929 — J. L. Phelps, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year): Feby 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1929 to Feby 9, 1929, that I last saw him alive on Feby 8, 1929, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A 10P Influenza

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (SECONDARY): Lobar Pneumonia

(duration) ... yrs. ... mos. 6 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) N. S. Hale, M. D

2 10, 1929 (Address) Osborn 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: Amity Cemetary — DATE OF BURIAL 2/10 1929

20. UNDERTAKER: W. G. Wilder — ADDRESS Stewartsville 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.