

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

52 Baker
25 1929
44

B. & Heart Trouble

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

Do not use this space.

28076

1. PLACE OF DEATH

County Lasper
Township E. Jackson
City Carthage (No. St. Ward)

Registration District No. 408
Primary Registration District No. 5763A

File No.
Registered No.

2. FULL NAME

John Cahall

(a) Residence. No. County Home St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 11 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Learning
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wright City, St. Charles Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Nathan Cahall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Francesca Baugh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Jud. Howell
(Address) Carthage Mo.

15. FILED 8/20 1929 C. M. Ketchum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/26 1929

17. HEREBY CERTIFY, That I attended deceased from June 12, 1929, to 8-26-29, 1929, that I last saw him alive on 8-24-29, 1929, and that death occurred, on the date stated above, at 4:02 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

23A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 21
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. G. Baker M. D.
, 19 (Address) Carthage 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 Cartersville Cemetery DATE OF BURIAL 8/28 1929

20. UNDERTAKER Oliver Drake ADDRESS Carthage 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.

