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

Do not use this space.

29877

1. PLACE OF DEATH

County: Vernon — Registration District No. 875 — File No.

Township: Washington — Primary Registration District No. 6162 — Registered No. 205

City: ~~Nevada~~ (No. ..... St. ..... Ward)

2. FULL NAME Mary Cartwright

(a) Residence. No. St Hosp # 3 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. 2 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1846 Jan. 7

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	83	7	13	

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

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

12. MAIDEN NAME OF MOTHER ?

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

14. INFORMANT State Hospital Record
(Address) Nevada, Mo.

15. FILED 9-4-1929 E R King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1929

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1929, to Aug 20, 1929 that I last saw her alive on Aug 20, 1929, and that death occurred, on the date stated above, at 9:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pulmonary edema
(duration) ..... yrs. ..... mos. ½ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical finding.
(Signed) F L Martin M. D
, 19 (Address) Nevada 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 [illegible] — DATE OF BURIAL [illegible] 1929

20. UNDERTAKER — ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified.