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

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.

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

Do not use this space.

30810

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3833
Township Kaw — Primary Registration District No. 37 — Registered No.
City K.C. Mo. (No. St. Joseph's Hospital — St. Ward)

2. FULL NAME Joseph Cartner
(a) Residence. No. St., Ward. Osawatomie Kans
(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 Male
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	1	14	

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

PARENTS
10. NAME OF FATHER JB Cortner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bedford Co Tenn
12. MAIDEN NAME OF MOTHER Marie Stanbury
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Osawatomie Ks

14. INFORMANT J. B. Cartner
(Address) Osawatomie Kans

15. FILED 9/11, 1929 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/10 1929

17. I HEREBY CERTIFY, That I attended deceased from 9/5, 1929, to 9/10, 1929 that I last saw him alive on 9/10, 1929, and that death occurred, on the date stated above, at 10 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculous Meningitis
23A
24A
(duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) Tuberculous Pneumonia (Right Lung) (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Osawatomie, Kansas
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Spinal Puncture
(Signed) O. F. Bradford, M. D
9/11, 1929 (Address) 60 E Argyle Bldg

*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 Osawatomie Kans
DATE OF BURIAL 9/12 1929

20. UNDERTAKER L. J. Eddy Osawatomie Ks
ADDRESS