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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2

OCC 23 1929

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

Do not use this space.

39521

1. PLACE OF DEATH
County Webster
Township E. Dallas
City ..... (No. ..... St. ..... Ward)
Registration District No. 878
Primary Registration District No. 6603
File No. .....
Registered No. 18

2. FULL NAME Dewey Cantrell
(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 Male
4. COLOR OR RACE White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-20-1900

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
29	—	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Webster Co. Mo

PARENTS

10. NAME OF FATHER Price Cantrell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Berry Co. Mo
12. MAIDEN NAME OF MOTHER Mary Bennett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Webster Co.

14. INFORMANT W. H. Gelker
(Address) Seymour, Mo

15. FILED 11-11, 1929 John W. Good M.C. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-10-1929

17. I HEREBY CERTIFY, That I attended deceased from saw him on last, 19..., to date, 19..., that I last saw him alive on 11-10-1929, and that death occurred, on the date stated above, at 10 - P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Influenza

11 B
10 B (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pneumonia
Lobar (duration) ..... yrs. ..... mos. 4 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) S. D. H. Williams, M.D.
11-11-1929 (Address) Fordland, 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 Gentry Cem.
DATE OF BURIAL 11-12 1929

20. UNDERTAKER E. F. Stein
ADDRESS Fordland Mo