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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 283

Township — Primary Registration District No. 1001 — Registered No. 128

City St Joseph (No. State Hospital for Insane #2 St. ..... Ward)

2. FULL NAME Elmer F Cantrell

(a) Residence. No. State Hosp #2 St., Hosp Ward. Higginsville Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 13 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)
male	white	widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 14, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84+	10	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stockburger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warren Co. (STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER E F Cantrell

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

12. MAIDEN NAME OF MOTHER J M Martin

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

14. INFORMANT State Hosp #2 (Address) St Joseph, Mo.

15. FILED JAN 30 1930 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to Jan 29, 1930 that I last saw him alive on Jan 29, 1930, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 2 yrs. 10 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? — DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) D G Divine, M. D.

1-29, 1930 (Address) State Hosp St Joseph

*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	DATE OF BURIAL
Higginsville, Mo.	Jan. 31 1930
20. UNDERTAKER	**ADDRESS**
Heaton-McGale & Bowman Funeral Home	319 S. 10 St.

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.