

MAY 27 1930

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

Do not use this space.

13183

1. PLACE OF DEATH

County LawrenceRegistration District No. 474

File No.

Township HalltownPrimary Registration District No. 3238Registered No. 6City Halltown

St. Ward)

2. FULL NAME Jesse 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

Female

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

C. P. Cantrell

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

5-18-1873

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

561024

8. OCCUPATION OF DECEASED

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

house keeper 92P

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

910

(c) Name of employer

901

9. BIRTHPLACE (CITY OR TOWN)

Arene Co.

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Egerton Steward

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

New York

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Nancy M. Norman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Lawrence Co.

(STATE OR COUNTRY)

14. INFORMANT

C. P. Cantrell

(Address)

Halltown Mo

15. FILED

4-15-1930Mrs. Eliza Miller

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12th 1930

17.

I HEREBY CERTIFY, That I attended deceased from March 7th, 1930, to April 12th, 1930. that I last saw her alive on April 11th, 1930, and that death occurred, on the date stated above, at about 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Results of previous heart collapse followed steady tachycardia with an aneurysm, valvulitis & paralytic effects. Report signed yrs. mos. ds.

Contributory to pericarditis effusion and puncture (duration) yrs. mos. ds.

Report signed yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOBIO? noWHAT TEST CONFIRMED DIAGNOSIS experience in building her up at times Dr. M. R. Maxwell, 19 (Address) Mt. Vernon, 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

DATE OF BURIAL

Rock Prairie4-14-1930

20. UNDERTAKER

ADDRESS

J. R. Morris & LeimanMiller Mo.

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.

Dr. W. H. C. C. C.