

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

Do not use this space.

21693  
21791

File No. 1156  
Registered No. 145  
St. \_\_\_\_\_ Ward \_\_\_\_\_

Jul 25 1930

1. PLACE OF DEATH

County Vernon  
Township Cater  
City Nevada (No. \_\_\_\_\_)

Registration District No. 875  
Primary Registration District No. 3039

2. FULL NAME

John Cortwright  
(a) Residence No. 3185 Pine St. 3 Ward.

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 9 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Miner  
(b) General nature of industry, business, or establishment in which employed (or employee). Coal Miner  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bellville Illinois

PARENTS

10. NAME OF FATHER Peter Cortwright

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) D. K. England

12. MAIDEN NAME OF MOTHER Practina Me Cracker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) D. K. Scotland

14. INFORMANT (Address)

Roy Webster Nevada Mo

15. FILED

7/8/30 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June-17 1930

17. I HEREBY CERTIFY, That I attended deceased from June 10<sup>th</sup>, 1930, to June-17, 1930, that I last saw him alive on June-17, 1930, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Aortic Regurgitation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Exhaustion

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

At Home

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) H. E. O'Neal M. D.

July 17, 1930 (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 Pittsburg Kans DATE OF BURIAL June 20, 1930

20. UNDERTAKER Ferry Funeral Home Nevada ADDRESS \_\_\_\_\_

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

