

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.

36
FEB 17 1931

1. PLACE OF DEATH

County Franklin
Township Pratt
City _____ (No. _____)

Registration District No. 294
Primary Registration District No. V-408-13

File No. 833
Registered No. 1
St. _____ Ward _____

2. FULL NAME

John Cartwright
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12, 1872

7. AGE YEARS 58 MONTHS _____ DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Data deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co

13. NAME Samuel Cartwright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co

15. MAIDEN NAME Orangelaine Henson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co

17. INFORMANT John Cartwright (ADDRESS) Cornedell, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Swapeet DATE Jan 4, 1931

19. UNDERTAKER Wm Carey & Co (ADDRESS) St. Clair, Mo

20. FILED Jan 3, 1931 W. E. Mitchell Registrar.

6 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1930 to Jan 2nd, 1931
I last saw him alive on Jan 1st, 1931 Death is said to have occurred on the date stated above, at 4:10 P. M.

The principal cause of death and related causes of importance were as follows:

Organic disease of heart
Endo-myocarditis
with valvular lesions
Date of onset Do not know but of long standing

Other contributory causes of importance:

Nephritis, chron-
ic -
coma

Name of operation _____ Date of _____
What test confirmed diagnosis? Smith's Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify C. F. Briegele, M.D., M. D.
(Signed) Box 6 St. Clair, Mo
(Address)

