

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

Do not use this space.

7775

1. PLACE OF DEATH  
 23 County Clark Registration District No. 192  
 Township Grant Primary Registration District No. 5268  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Joseph Linn Cartnal  
 (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 51 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 Nellie G. Cartnal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>51</u>	<u>1</u>	<u>17</u>	

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. Date deceased last worked at this occupation (month and year) Feb. 27, 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

13. NAME Jacob H. Cartnal 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

15. MAIDEN NAME Addie M. Harr.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT Mrs. Nellie G. Cartnal  
 (ADDRESS) Farmington Ia.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Amos Cem. DATE Mar. 5, 1932

19. UNDERTAKER H. A. Burnett  
 (ADDRESS) Keosauqua Ia.

20. FILED Mar 5 1932 J. K. McNeill  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1932 to Mar 3, 1932  
 I last saw him alive on Mar 3, 1932 Death is said to have occurred on the date stated above, at 12 A.m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset	
<u>Lobar Pneumonia</u>	<u>Feb 28</u>
<u>Influenza</u>	<u>Feb 28</u>

Other contributory causes of importance (1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. R. Coffey, M. D.  
 (Address) Farmington, Ia.

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.

APR 25 1932

