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

Do not use this space.

22998

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No. 2011
City KC Mo (No. St. Luke's Hosp St. Ward)

2. FULL NAME James T. Cattlett
(a) Residence, No. St., X Ward. Roe, Ark
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 30 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: Mrs Laura Cattlett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1 - 1875

7. AGE: YEARS 57 — MONTHS ✓ — DAYS ~~25~~ 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer, 113
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Roof Construction
10. Date deceased last worked at this occupation (month and year): June 1932
11. Total time (years) spent in this occupation: 2

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

FATHER
13. NAME: William Cattlett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Mary Eckels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Geo Cattlett, Lawrence Kans. Route 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Roe Ark — DATE: July 26 1932

19. UNDERTAKER (ADDRESS): Floyd M. Schick, 218 So Douglas, Lee's Summit Mo.

20. FILED 7/26 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1932, to 7-25, 1932
I last saw him alive on 7-25, 1932. Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cardiac end of stomach & metastasis to Bones	?
468	
536	

Other contributory causes of importance: Cachexia. 468

Name of operation: none — Date of —
What test confirmed diagnosis? Autopsy — Was there an autopsy? yes

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
(Signed) D. C. McKeever, M. D.
(Address) St Luke's Hosp. K.C. 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.

S. NO. 2

MARGIN RESERVED FOR BINDING

APR 6 1949