15-254

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

Do not use this space.

35596

1. PLACE OF DEATH

48 County Jackson — Registration District No. 398 — File No. [illegible]

Township Blue — Primary Registration District No. 5554 — Registered No. 358

City Independence (No. 44th & Raytown Rd St. Ward)

2. FULL NAME Mrs. Elizabeth Cartwright

(a) Residence, No. 44 & Raytown Rd St., 14 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-14-1858

7. AGE: 74 YEARS — MONTHS: 6 — DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati, Ohio

FATHER

13. NAME: Jacob Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know 31

MOTHER

15. MAIDEN NAME: Cornelia Rast
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

17. INFORMANT (ADDRESS): Mrs Tracy 2726 Wabash

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tarkio Mo. DATE 11/11 1932

19. UNDERTAKER (ADDRESS): O. V. Mast & Home Inc 3146 Main St. KC Mo.

20. FILED Nov. 22 1932 F. R. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 days 1932 to Nov. 9, 1932
I last saw her alive on Nov. 6, 1932. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Paralysis Hemiplegia
Arterial Sclerosis
Cerebral Hemorrhage
Senility

Date of onset

Other contributory causes of importance:

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) E. F. Hernden DO, ~~M. D.~~
(Address) 3538 Montgall

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. Hersheim
#3528 Montgale

Lic 3327