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

Do not use this space.
27447

1. PLACE OF DEATH
County: St Clair
Township: Butler
City: ~~Near Lowry City Mo~~ (No. ..., ..., St. ..., Ward)
Registration District No. 763
Primary Registration District No. 6005
File No.
Registered No. 16

2. FULL NAME: Mary Joan Cantrell
(a) Residence, No. ..., St., ..., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 31, 1868

7. AGE: Years 65 | Months 6 | Days 22 | 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): Wright Co Mo

FATHER
13. NAME: C A Mingus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not given North Carolina

MOTHER
15. MAIDEN NAME: Mary Bradshaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): J A Cantrell Osceola Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lowry City Cemetery DATE: 8/25/33
19. UNDERTAKER (ADDRESS): H C Austin Lowry City Mo.
20. FILED: Aug 25 1933 Leo S Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/22/1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1933, to Aug 22, 1933
I last saw h... alive on Aug 22, 1933. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	

Other contributory causes of importance:
Paralysis

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) C. S. Stratton, M. D.
(Address) Lowry City, 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.

SEP 26 1933