

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

Do not use this space.

1. PLACE OF DEATH

County Douglas
Township Miller
City (No.)

Registration District No. 1061
Primary Registration District No. 5385

File No. 32659

Registered No.
St. Ward

2. FULL NAME Bessie M. Cantrell

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 3 mos. 9 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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 Hubert Cantrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1897

7. AGE YEARS 36 MONTHS 3 DAYS 9 If LESS than 1 day, hrs. or min.

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

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) Bryant Mo. (STATE OR COUNTRY)

13. NAME Patrick H. McEute

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

15. MAIDEN NAME Frances E. Gane

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

17. INFORMANT Hubert Cantrell (ADDRESS) Bryant Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pratt Hollow DATE Oct 25 1933

19. UNDERTAKER F. A. Steff (ADDRESS)

20. FILED Oct 10 1933 H. S. McEute Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1933 to Oct 24 1933

I last saw her alive on Oct 7 1933 Death is said to have occurred on the date stated above, at 1:39 m.

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

Gen. Military Tuberculosis Date of onset Dec 15

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? No
If so, specify

(Signed) R. M. Norman M. D.
(Address)

