16-88

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

Do not use this space.

1320

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 389
City Kansas City Mo (No. General Hospital St. Ward)

File No. 296
Registered No.

2. FULL NAME Ray A. Cantwell
(a) Residence, No. 5828 Walrond St., 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 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 Mary Cantwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-1908

7. AGE YEARS 25 MONTHS 2 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bear Paster
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) Salina Kansas

FATHER
13. NAME Andrew Cantwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabash Co Illinois

MOTHER
15. MAIDEN NAME Mrs Dann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mary Cantwell 5828 Walrond

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salina Kas DATE 1/21 1934

19. UNDERTAKER (ADDRESS) O. V. MAST FUNERAL HOME, Inc. 3146 Main St

20. FILED Jan 21 1934 N. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21 1934

22. I HEREBY CERTIFY that I attended deceased from ..., 19..., to ..., 19...
I last saw ... alive on ..., 19... Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Traumatism	
Rupture of Liver	
Hemothorax	

Other contributory causes of importance:
Passenger in Car

Name of operation No 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? Accident Date of injury 1/21/34
Where did injury occur? Singer Park Street
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Car collided with tree
Nature of injury Self-four.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

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.

FEB 27 1934