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

Do not use this space.

File No. 20257

Registered No. 243

1. PLACE OF DEATH
County: Jackson
Township:
City: Independence (No. ..... St. ..... Ward)
Registration District No. 398
Primary Registration District No. 3504

2. FULL NAME: William R. Cartwell
(a) Residence, No. 2030 Denny St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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: Elizabeth Cartwell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-4-1873
7. AGE: Years 50 | Months 4 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cantilever Shoe Co.
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union Town Pennsylvania

FATHER
13. NAME: David Cartwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

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

17. INFORMANT: Elizabeth Cartwell
(ADDRESS) 2030 Denny Ave K.C. Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lone Jack Cemetery DATE: June 24 1934
19. UNDERTAKER: O.D. Gigeyt Funeral Home
(ADDRESS) Independence Mo
20. FILED: June 28, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 22, 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
165	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 19....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Missouri River
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Vincent Kelly, M. D.
(Address) R.R.3 - Lees Summit 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.

JUL 21 1934

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31