

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

Do not use this space.

20671

1. PLACE OF DEATH
 County Rayson Registration District No. 399
 Township Keok Primary Registration District No. 1002
 City Kansas City No. 2 CC General Hosp St. Ward

2. FULL NAME Jelene Cartmill
 (a) Residence, No. 2030 Monroe St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14 1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 12
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) Mo.
 13. NAME Joe Cartmill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas
 15. MAIDEN NAME Helen Ferguson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) General Hospital
 18. BURIAL, CREMATION, OR REMOVAL Wenton Mo DATE 6-29-34
 19. UNDERTAKER (ADDRESS) Quist & Solin
 20. FILED 6-28 1934 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26-34
 22. I HEREBY CERTIFY, That I attended deceased from 6-20-34 to 6-26-34
 I last saw him alive on 6-26-34 at 9:05 AM Death is said to have occurred on the date stated above, at _____
 The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia
Whooping cough
 Date of onset _____
 Other contributory causes of importance:
?
1512
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes
 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) P. F. De Maria M. D.
 (Address) Wenton Mo

WRITE PAINLY, 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 17 1934

