

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.

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

Do not use this space.

OCT 25 1935

30257

1. PLACE OF DEATH

County Oregon  
Township  
City Alton (No. ....)

Registration District No. 036 4586  
Primary Registration District No. 58477

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

William Ambrose Cantrell

(a) Residence, No. .... (Usual place of abode) (Usual Cape Girardeau Mo) Ward.

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephene Catern

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
35 62

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

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) Arkansas

13. NAME James K Cantrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Nancy Jane Wickersham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas..

17. INFORMANT (ADDRESS) Frank W Cantrell Little Rock Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau Mo DATE 9/12/35

19. UNDERTAKER (ADDRESS) Leo Carr Thayer

20. FILED 9/12 1935 Emoch Baile Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept-10 1935 to Sept-10 1935

I last saw him alive on Sept-10 1935. Death is said

to have occurred on the date stated above, at 4:30AM

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

Date of onset

Acute Indigestion.  
All two hours.

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.....

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) GP Forest, M. D.  
(Address) Alton Mo..

