

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.

DEC 19 1935

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

Do not use this space.

36505

1. PLACE OF DEATH

City Warrensburg
Township _____
County Johnson

Registration District No. 431
Primary Registration District No. 3023

File No. _____
Registered No. 127
St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

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 Emma Cantrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-16-1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	73	0	20	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
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) Bates Co. Mo

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Marguerite Cantrell Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo. DATE Jan. 8, 1935

19. UNDERTAKER (ADDRESS) Sweeney, Phillips Warrensburg, Mo.

20. FILED Nov. 6, 1935 Evans Bentley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-6-1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1935, to Nov 6, 1935
I last saw h. a. a. alive on Nov 6, 1935. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Massive Cerebral Hemorrhage Date of onset 11/6/35

Other contributory causes of importance:

General Arterio Sclerosis
Accidental fracture pelvis - 17 Hrs. on coal mine 10/29/35

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? Accident Date of injury Oct 29, 1935
Where did injury occur? Henry County, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Cave in in coal mine
Nature of injury fracture pelvis 17 Hrs.

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Coal miner

(Signed) J. H. Thompson, M. D.
(Address) Walden, Mo.

