

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.

JAN 20 1936

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

Do not use this space.

2485

1. PLACE OF DEATH

County Phillips
Township St James
City St James, Mo. (No. _____)

Registration District No. 678
Primary Registration District No. 5904

File No. _____
Registered No. 253
St. _____ Ward _____

2. FULL NAME

Royal Cartwright

(a) Residence, No. _____ 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Bertha Cartwright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-1892

7. AGE YEARS 43 MONTHS 7 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 12-1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coulton, Mo.

MOTHER 13. NAME Wm H. Cartwright

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

15. MAIDEN NAME Mary Ann Bopon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio, Mo.

17. INFORMANT Bertha Cartwright (ADDRESS) Coulton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon DATE 1-7-36

19. UNDERTAKER Elbert Edgry (ADDRESS) Coulton Mo.

20. FILED 1-7-1936 Miss. W. D. Horry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1936

22. I HEREBY CERTIFY That I attended deceased from Dec. 26, 1935, to Jan 5, 1936

I last saw him alive on Jan 4, 1936. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Cardiac Failure with intestinal obstruction and pericis of the ilium. Pt. died in St James Hospital.

Date of onset 1-1-36

Other contributory causes of importance: Chronic appendicitis of several years duration

Name of operation Appendectomy Date of _____
What test confirmed diagnosis? Spec. Others Was there an autopsy? No

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? No

If so, specify _____
(Signed) E. J. Heune, M. D.
(Address) Coulton, Mo.

