

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.

Kendrick  
33360

OCT 1 1936

1. PLACE OF DEATH

County Scott Registration District No. 821  
Township Richland Primary Registration District No. 6070  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME

Noah Edmund Cackrell

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1936, to Aug 22-36, 1936

I last saw him alive on Aug 22, 1936 Death is said to have occurred on the date stated above, at 6:30 p.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1930  
7. AGE YEARS 6 MONTHS 1 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Multiple pneumonia

Septicemia  
Date of onset Aug 1-36

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

Other contributory causes of importance: 10/10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME Ruther Cackrell

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

15. MAIDEN NAME Martha Salters

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

17. INFORMANT (ADDRESS) Ruther Cackrell  
Sebastian, Mo.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Mailey, Mo DATE Aug 31, 1936

If so, specify \_\_\_\_\_ (Signed) Howard H. Kendrick, M. D.

19. UNDERTAKER (ADDRESS) H. G. G. G.  
Sebastian, Mo.

(Address) Sebastian, Mo

20. FILED 9-8 1936 H. H. Breinell  
Registrar.

