

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.

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

Do not use this space.

36448

OCT 21 1936

1. PLACE OF DEATH Taney  
County.....Bronson Registration District No. 859  
Township.....Bronson Primary Registration District No. 6138  
City.....Bronson (No. ....) St. .... Ward)  
2. FULL NAME William Cantwell  
(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 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 Jessie Cantwell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-12-1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 6 12  
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Farmer  
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) Tenn.  
13. NAME Wiley Cantwell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.  
15. MAIDEN NAME Elizabeth Smith  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Frankie Cantwell  
Bronson  
18. BURIAL, CREMATION, OR REMOVAL PLACE Alpine Pass DATE 9-25-36  
19. UNDERTAKER (ADDRESS) W. W. Helchel  
Bronson Mo  
20. FILED 9/25 19 36 John A. Baxter  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-36  
22. I HEREBY CERTIFY, That I attended deceased from 9-24 1936, to 9-24 1936.  
I last saw him alive on that occasion 1936 Death is said to have occurred on the date stated above, at 12:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Valvular Insufficiency  
Mitral Valvular Insufficiency  
Other contributory causes of importance:  
Cause Unknown

Name of operation.....  
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence) list 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) W. B. Mitchem, M. D.  
(Address) Bronson Mo

