Jan 19 1937

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

Do not use this space.

44715

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 7 — Registered No. 5294
City Kansas City (No. 5719 St John St. Ward)

2. FULL NAME Edward Johnson Cantwell
(a) Residence, No. 5719 St John St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 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: Laura D Cantwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July - 6 - 1865

7. AGE: YEARS 71 — MONTHS 5 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Formerly with National Cloak & Suit Co
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): 1931
11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Boston Mo

FATHER
13. NAME: William H Cantwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kev Kuck Iowa

MOTHER
15. MAIDEN NAME: Sarah Murry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Mrs Laura D Cantwell 5719 St John

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Boston Mo DATE Dec - 10 1936

19. UNDERTAKER (ADDRESS): Dwyer Newcomers Sons Kansas City - Mo

20. FILED 128 1936 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec - 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1936 to Dec 8, 1936
I last saw him alive on Dec 7, 1936. Death is said to have occurred on the date stated above, at 5:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/7/36

Other contributory causes of importance: Arteriosclerosis, Senility

Name of operation: none — Date of
What test confirmed diagnosis? paralysis — 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, 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) Dean S. Rising, M. D.
(Address) 602 Argyle Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated in the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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