

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

Do not use this space.

OCT 27 1937

1. PLACE OF DEATH

County Wright Registration District No. 906
 Township Van Buren Primary Registration District No. 6219
 City (No.) St. Ward (....)

File No. 35609
 Registered No. 54

2. FULL NAME

Jane Cartright
 (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 Female 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 John Cartright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1864

7. AGE YEARS 73 MONTHS 1 DAYS 30 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) Nov 1937 11. Total time (years) spent in this occupation wife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phillips Co. Mo.

FATHER 13. NAME Wm Riley

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

MOTHER 15. MAIDEN NAME Polly Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phillips Co. Mo.

17. INFORMANT (ADDRESS) Claud Stegalle Hartsville Route 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins Cem. DATE Sept 8 1937

19. UNDERTAKER (ADDRESS) J. F. Lathrop, near Rayburn, Mo.

20. FILED Sept 11, 1937 Carlyle Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18 1937 to Sept. 7 1937

I last saw her alive on Sept. 5 1937 Death is said to have occurred on the date stated above, at 11:54 m.

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

Cerebral Hemorrhage Apoplexy Date of onset Aug. 18

Other contributory causes of importance: None

Name of operation None 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? 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) J. W. Bridges, M. D. (Address) Marion, Mo.

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.

SECRET

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/15/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

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