

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

Do not use this space.

3613

1. PLACE OF DEATH  
 95 County Oregon Registration District No. 632  
 3 Township \_\_\_\_\_ Primary Registration District No. 4382  
 8 City Thayer (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME James C Cantrell 536  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS 83 MONTHS — DAYS — If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-38

22. I HEREBY CERTIFY, That I attended deceased from July 1936, to Jan 23, 1938  
 I last saw him alive on Jan 23, 1938. Death is said to have occurred on the date stated above, at 12:30 m.  
 The principal cause of death and related causes of importance were as follows:

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

Hypertensive Heart Disease  
 Chronic Nephritis  
 Terminal Anemia  
 Date of onset 1-20-38

Other contributory causes of importance: 131

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

MOTHER 13. NAME Bot. Cantrell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

FATHER 15. MAIDEN NAME Jane Stansberry  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

17. INFORMANT Will Cantrell Thayer Mo.  
 (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer Mo. DATE 1/24 38

19. UNDERTAKER Leo Can Thayer  
 (ADDRESS) \_\_\_\_\_

20. FILED Jan 24 1938 George Johnson Registrar. 563

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. Cooper, M. D.  
 (Address) Thayer Mo

CHOICE OF DEATH IN PRINT TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

*Cooper-*

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH