

REC'D FEB 16 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County Polk  
Township Jackson  
City Aldrich, Mo.Registration District No. 700  
Primary Registration District No. 59-29File No. 3566  
Registered No. 3  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Aldrich, R. 1 St. \_\_\_\_\_ Ward \_\_\_\_\_(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maudie Hageman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-26-1863</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>8</u>
	DAYS <u>3</u>	If LESS than 1 day, .....hra. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Hiram Cantrell</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
	15. MAIDEN NAME <u>Russman</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Maudie Cantrell, Aldrich, Mo. R. 1</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hope</u> DATE <u>Jan-31-39</u>	
19. UNDERTAKER (ADDRESS) <u>Emp. Funeral Supt. Aldrich, Mo.</u>	
20. FILED <u>Jan 31</u> , 19 <u>39</u> <u>Dyna Miller</u> Registrar. <u>1-29</u>	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan-28, 1939 to Jan-29, 1939  
I last saw him alive on Jan-29, 1939. Death is said to have occurred on the date stated above, at ..... m.

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

Lobar PneumoniaDate of onset  
1/29/39Other contributory causes of importance:  
108

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No23. 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. S. Myers M. D.Address Aldrich, 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.

RECEIVED

District Health Officer No. 71

District File Number

7-39-180

Date Filed

2-6-39