

REC'D JUN 19 1939

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

Do not use this space.

18264

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township

City Cape Girardeau (No. 534)

Primary Registration District No. 3009

South East Mo. Hospital

File No.

Registered No. 193

Ward

2. FULL NAME

Cordie Cantwell

(a) Residence, No. Sikeston Mo. R.F.D. St. _____ Ward Sikeston Mo.
(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 Robert Cantwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/5/91

7. AGE YEARS 48 MONTHS 1 DAYS 21 If LESS than 1 day,hrs. ormin.

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

12. BIRTHPLACE (CITY OR TOWN) Mayfield (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Tom Cook

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Robert E. Cantwell (ADDRESS) Sikeston Mo. Genl Delivery

18. BURIAL, CREMATION, OR REMOVAL PLACE Dogwood Rural DATE 5/28/39 19

19. UNDERTAKER Hunter Albritton (ADDRESS) Sikeston Mo.

20. FILED J-26-39 J. M. Thompson Registrar (Address) Cape Girardeau

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26/39 19

22. I HEREBY CERTIFY, That I attended deceased from 5/26 to 5/26/39 19

I last saw her alive on 5/26 1939 Death is said to have occurred on the date stated above, at 7:40pm

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

Date of onset

Callus of Breast
Other contributory causes of importance: 50

Name of operation Op. of Breast Date of 5/26/39

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? no 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) G. L. Smith, M. D.

(Address) Cape Girardeau

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.

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