

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

Do not use this space.

9608

1. PLACE OF DEATH

County Henry
Township X
City Windsor (No. _____)

Registration District No. 14
Primary Registration District No. 4211

File No. _____
Registered No. 9 (Ward) _____

2. FULL NAME George H. Cantrell

(a) Residence, No. 206 S. Tebo St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16-31, 1931

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

22. I HEREBY CERTIFY, that I attended deceased from July 1930 to Jan 31, 1931
I last saw him alive on Jan 31, 1931 Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20-1893
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 37 3 24

Pulmonary Tuberculosis
738
Other contributory causes of importance: _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner 116
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 _____

Name of operation _____ Date of _____
What best confirmed diagnosis? _____ Was there an autopsy? 770

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Hill Missouri

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

13. NAME J.H. Cantrell

Manner of injury _____
Nature of injury _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co., Missouri

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

15. MAIDEN NAME Emma Henry

(Signed) T. J. [Signature], M. D.
(Address) _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Illinois

17. INFORMANT (ADDRESS) Mr J.H. Cantrell Windsor, Mo

18. BURIAL PLACE (ADDRESS) Clinton Mo DATE 3-18-31, 1931

19. UNDERTAKER (ADDRESS) HUSTON'S FUNERAL CHAPEL WINDSOR MISSOURI

20. FILED _____, 1931

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1931



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Denver
Township.....
City Windsor (No.)

Registration District No. 14
Primary Registration District No. 211

File No.
Registered No. 9 (Ward)

2. FULL NAME

George H. Cartrell
(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

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

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER 13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1931

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19... I last saw h. alive on 19... Death is said to have occurred on the day stated above, at... m. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Date of onset

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

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), M. D.

(Address)

Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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