

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.

AUG 25 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cass
 Township Austin
 City Franklin (No. _____)

Registration District No. 147
 Primary Registration District No. 5210

File No. 24469
 Registered No. 13
 St. _____ Ward _____

2. FULL NAME

(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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
70 0 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Webster County, Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Late Cantrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Lucinda Duncan
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Webster County, Mo

14. INFORMANT Mrs. Sigal A. Cantrell
 (Address) Archie Mo.

15. FILED 7/14 1931 Dr. B. B. Lout
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1931

17. I HEREBY CERTIFY, That I attended deceased from July 13 1931, to July 13 1931, that I last saw him alive on July 13 1931, and that death occurred, on the date stated above, at 3 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
1930

CONTRIBUTORY (SECONDARY) Arterio Sclerosis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 930

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

7 (Signed) J. W. A. Cantrell M. D.
14 1931 (Address) Archie Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Austin Cemetery

DATE OF BURIAL

July 14 1931

20. UNDERTAKER

Atkinson & Easterla

ADDRESS

Archie Mo.

