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.

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

Do not use this space.

23074

1. PLACE OF DEATH
County Jackson — Registration District No. 391 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2770
City Kansas City MO (No. Trinity Lutheran Hospital St. ..... Ward)

2. FULL NAME Glen Eldon Cantrell
(a) Residence, No. Goodrich Kans Route 1 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 6-1930
7. AGE: YEARS 2 — MONTHS 11 — DAYS 284 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Goodrich Kansas

FATHER
13. NAME: William Cantrell
1 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co Missouri

MOTHER
15. MAIDEN NAME: Effie Dean
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pleasanton Kansas

17. INFORMANT (ADDRESS): William Cantrell Goodrich Kansas
18. BURIAL, CREMATION, OR REMOVAL: PLACE Goodrich Kans DATE July 5 1933
19. UNDERTAKER (ADDRESS): Carson Funeral Home Independence MO
20. FILED July 5, 1933 M. M. Crowe Ass. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4th, 1933
22. I HEREBY CERTIFY, That I attended deceased from July 4, 1933, to July 4, 1933
I last saw him alive on July 4, 1933 Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	7-2

Other contributory causes of importance: Small wound over right eye about 7 days previous

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

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 ..... No
(Signed) Wm K Lemble, M. D.
(Address) 836 Prof Bldg.