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.

MAR 17 1936

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

Do not use this space.

4941

1. PLACE OF DEATH
County: Cape Girardeau — Registration District No.: 125
Township: — Primary Registration District No.: 3009
City: CAPE GIRARDEAU (No. ..... St. ..... Ward)

File No.: ..... Registered No.: 70

2. FULL NAME: Baby (still born) Cantrell

(a) Residence, No. 330 S Fountain St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 26-1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or 30 min.
0	0	0	

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): Cape Girardeau Mo

FATHER

13. NAME: David Cantrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Forest City Arkansas

MOTHER

15. MAIDEN NAME: Argatha Lucas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wilson North Carolina

17. INFORMANT: David Cantrell
(ADDRESS): 330 S. Fountain

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cape Girardeau DATE: Feb 27 1936

19. UNDERTAKER: Beard Funeral Home
(ADDRESS): Cape Girardeau Mo.

20. FILED: 2-26 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 26, 1936

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 date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Suffocated at Birth — Date of onset

Other contributory causes of importance: None

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) J. A. Moore, ~~M. D.~~ Coroner
(Address) Cape Girardeau Mo.