FEB 21 1928

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

Do not use this space.
785 -

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township ... — Primary Registration District No. 1429 0th
City Springfield (No. Baptist Hospital St. ... Ward)
File No. ...
Registered No. 26

2. FULL NAME Chester Carturight

(a) Residence. No. 824 S. Blvd St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	Wh	Married

5a. IF MARRIED, WIDOWED OR DIVORCED
HUSBAND OF (OR WIFE OF) Lucile Carburight

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29-1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	6	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Musical Instru-
(b) General nature of industry, business, or establishment in which employed (or employer) ment-Salesman
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hamilton
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John A. Carturight
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mayfield
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Evaline Stevens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Mo

14. INFORMANT Lynette Carturight
(Address) Springfield Mo

15. FILED 1/13 1928 C. P. Frost M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1928

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1927, to Jan 12, 1928 that I last saw h[illegible] alive on Jan 11, 1928, and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Occlusion
94 D (Left coronary artery)
111 D
(duration) ... yrs. 8 mos. ... ds.
CONTRIBUTORY (SECONDARY) None except edema 8
Uremia - C.P.C. Broncho
(duration) ... yrs. ... mos. 1/2 ds.

18. WHERE WAS DISEASE CONTRACTED ...
IF NOT AT PLACE OF DEATH ...
DID AN OPERATION PRECEDE DEATH? N.O. DATE OF ...
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) Geo. D Callaway, M. D
, 19 (Address) Springfield 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	DATE OF BURIAL
National Cemetery	1/14 1928
20. UNDERTAKER Alma Schmeyer	ADDRESS 534 S Boonville

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.