SEP 27 1927 Bedford

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

Do not use this space.

23927

1. PLACE OF DEATH
County Cole
Township Jefferson
City ..... (No. ..... St. ..... Ward)

Registration District No. 213-
Primary Registration District No. 3014-

File No. .....
Registered No. 204-

2. FULL NAME Claudine Cardwell

(a) Residence. No. 808 W. Dunklin 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. 8 ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
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): Aug 1st 1927

7. AGE: YEARS | MONTHS | DAYS: 8 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City, Mo.

PARENTS
10. NAME OF FATHER: Claud Cardwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bagnell Miller Co.
12. MAIDEN NAME OF MOTHER: Eulah Wilkes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Crocker Mo. Pulaska County

14. INFORMANT: Claud Cardwell
(Address): 808 W. Dunklin

15. FILED 8/9-27, 19.. S.V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 8 1927

17. I HEREBY CERTIFY, That I attended deceased from 8-1-, 1927, to Aug 8-, 1927 that I last saw her alive on Aug 8-, 1927 and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
1.59
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1610
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S. V. Bedford, M. D.
8-9-, 1927 (Address) Jefferson City, 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: Miller County
DATE OF BURIAL: 8-9 1927

20. UNDERTAKER: Wymore & Gordon
ADDRESS: J. C. Mo.

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.