1 1928

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

Do not use this space.

File No. 13673

Registered No. .....

1. PLACE OF DEATH

County: Jackson — Registration District No.: 403

Township: Brooklyn — Primary Registration District No.: 5557

City: Hickman Mills (No. Mc Rt 2 — St. ..... Ward)

2. FULL NAME Earl Dean (Mike) Cadwell

(a) Residence. No. 75th & Raytown Road 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 29th 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	6	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9. BIRTHPLACE (CITY OR TOWN): Kansas City

(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Earl S. Cadwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa

12. MAIDEN NAME OF MOTHER: Margaret Easley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kansas

14. INFORMANT: Mrs. Margaret Cadwell
(Address) 75th & Raytown Road

15. FILED: 4-2, 1928 W. O. Hobbs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to April 1, 1928 that I last saw him alive on April 1, 1928, and that death occurred, on the date stated above, at 7 05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Dilatation
KYB
108 / 60
95 / 60
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pneumonia (Lobar)
..... (duration) ..... yrs. 2 mos. ..... ds.
Bilateral Mastoiditis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF: Bilateral Mastoidectomy

WAS THERE AN AUTOPSY? Phone Autopsy

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. T. Lepper M.D.

4/1, 1928 (Address) 31 & Troost

*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
Brooking Cemetery	4-2-1928
20. UNDERTAKER	**ADDRESS**
Fairweather-Werner	814 N. 7th St.

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.