2 1928

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

Do not use this space.

23303

File No. 45
Registered No.

1. PLACE OF DEATH
County: Clay
Township: Gallatin
City: Gashland, Mo. No. ..... St. ..... Ward)
Registration District No. 197
Primary Registration District No. 5276

2. FULL NAME Cora Cardwell

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Norman Cardwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-27-1893

7. AGE: Years 34 | Months 9 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 2101
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo

PARENTS
10. NAME OF FATHER: Albert Greer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co. Mo
12. MAIDEN NAME OF MOTHER: Mary E. Estes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co. Mo.

14. INFORMANT: George Turner
(Address): Mashburn, Mo

15. FILED: July 2nd, 1928 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Compounded fracture of the skull at 71 Mo. & Kansas City Mo. by Auto
Intracranial hemorrhage, Freedom Way
to Hospital (duration) yrs. 42 mos. ds.

CONTRIBUTORY (SECONDARY) 185 (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) N. A. Lyle Brown, M. D.
7/1, 1928 (Address) L. Gray 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: Mt. Olivet Cem. Clay Co. Mo
DATE OF BURIAL: 7-3-1928

20. UNDERTAKER: Morton & Co.
ADDRESS: N. K. 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.

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