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

Do not use this space.

26895

File No.

Registered No. 10

1. PLACE OF DEATH
County Douglas Co Registration District No. 276
Township Norfolk Primary Registration District No. S-389
City (No. , St. , Ward)

2. FULL NAME Mrs Lady Viola Cardin

(a) Residence. No. (Usual place of abode) St., Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 22 - 1912.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	10	6	

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) Douglas Co
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Cardin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co.
12. MAIDEN NAME OF MOTHER Minnie Grimes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co

14. INFORMANT Mrs. Jane Cardin
(Address)

15. FILED Sept 28 19 28 Ethel Sutherland
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4:50 P.M

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28- 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1928, to Aug 28, 1928, that I last saw h.. alive on Aug. 28, 1928, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured Appendix

1211A

(duration) yrs. 6 mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Aug 27 - 28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) J. F. B. Bailey, M. D

, 19 (Address) Mtn. Grove 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 Liberty Hall DATE OF BURIAL Aug 29 1928

20. UNDERTAKER None ADDRESS

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.