

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

Do not use this space.

31132

1. PLACE OF DEATH

County Esper
 Township Esper
 City Joplin (No.)

Registration District No. 411
 Primary Registration District No. 2002

File No.
 Registered No. 405
 St. Ward)

2. FULL NAME

Minnie Craig Cardwell
 (a) Residence. No. 614 Park Ave, 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-21-74

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 8 28

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)
 (c) Name of employer

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

10. NAME OF FATHER W Shookley

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

12. MAIDEN NAME OF MOTHER Nancy J Price

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

14. INFORMANT Mrs Lizzie Wilson
 (Address) Joplin Mo

15. FILED 9/30, 1929 A Benson Blank
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-28-1929

17. I HEREBY CERTIFY, That I attended deceased from July 22, 1928, to Sept 28, 1929, that I last saw her alive on Sept 28, 1929, and that death occurred, on the date stated above, at 12:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia, Chronic Tubular Nephrotia
131
99
132 1/2 (duration) yrs. 10 mos. ds.

CONTRIBUTORY Asthma, Arterio sclerosis
 (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) K. B. Huffman, M. D.

129, 1929 (Address) 20 Minnie Boutwell Joplin 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 Joplin Mo
 DATE OF BURIAL 9/30 1929

20. UNDERTAKER J. Anderson
 ADDRESS Joplin 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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