

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

Do not use this space.

34677

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Shelby

Primary Registration District No. 3032

City Shelby (No.)

File No.

Registered No. 300

St. Ward

2. FULL NAME

Frances L Bardwell

(a) Residence. No. 606 East Broadway, 3 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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

George L Bardwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 30 - 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

47

9

25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

House wife

(b) General nature of industry, business, or establishment in which employed (or employer).

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Berry Co

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

John Shrou

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pettis

12. MAIDEN NAME OF MOTHER

Married

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Dr J Bardwell
Shelby Mo

15.

FILED

10-26-29

J. J. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1929

17.

I HEREBY CERTIFY, That I attended deceased from

Sept 12, 1929, to Oct 25, 1929
that I last saw him alive on Oct 25, 1929 and that death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

diabetes melitus

59
1345

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

hypertension

(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

do not know

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical diagnosis

(Signed) Chas. H. Brown, M. D.

Oct 26, 1929 (Address) Shelby 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

DATE OF BURIAL

Syracuse Mo

10/27 1929

20. UNDERTAKER

ADDRESS

Mr Laughlin Bros

Shelby

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.

