SEP 22 1930

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

Do not use this space.

25972

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 969
City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Wallace Lewis Cardwell
(a) Residence. No. 2512 Jackson, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Sadie S. Cardwell,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 13, 1870,

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	11	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer) District Agent
(c) Name of employer Mutual Benefit Life I.Co

9. BIRTHPLACE (CITY OR TOWN) Lebanon,
(STATE OR COUNTRY) Kentucky,

PARENTS
10. NAME OF FATHER John M. Cardwell,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lawrenceburg,
(STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Mollie Bond,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lawrenceburg,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs H. L. Cardwell
(Address) 2512 Jackson Street,

15. FILED 8/27, 1930 John G. [illegible] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 26 1930

17. I HEREBY CERTIFY That I attended deceased from Aug 23, 1930, to Aug 26, 1930 that I last saw him alive on Aug 25, 1930, and that death occurred, on the date stated above, at 12:35 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute cholecystitis
127 B
124 B
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Cirrhosis of liver
Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 23-30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John [illegible] M. D.
Aug 26, 1930 (Address) St Joseph 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: Lebanon, Kentucky,
DATE OF BURIAL: Aug. 28, 1930

20. UNDERTAKER: Heaton-Bergole-Bowman Funeral Home
ADDRESS: 319 S. 10 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.