

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

Do not use this space.

10409

1. PLACE OF DEATH

49 County Jasper
Township Mineral
City Arionoga (No. R# 2)

Registration District No. 413
Primary Registration District No. 5559c

File No. _____
Registered No. 7 St. _____ Ward _____

2. FULL NAME

Malinda Jane Waddell

(a) Residence. No. R# 2 Arionoga Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

Female White Married

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

Christopher Columbus Waddell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20-1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 8 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Callaway Henderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo. 31

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo. 31

14. INFORMANT C. C. Waddell
(Address) Arionoga R# 2 Mo.

15. FILED 3-16-1931 J. E. Weaver REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1931, to Mar. 26, 1931, and that I last saw her alive on Mar. 26, 1931, and that death occurred, on the date stated above, at 11.05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
82A
1620 (duration) _____ yrs. mos. da.

CONTRIBUTORY (SECONDARY) Old age
(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF BIRTH _____

8 DID AN OPERATION PRECEDE DEATH. DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. W. Clark M. D.
Mar. 28, 1931 (Address) Wartsville, 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 Part Cemetery DATE OF BURIAL 3-28 1931

20. UNDERTAKER Ulmer-Drake ADDRESS Cartilage

MAY 25 1931

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

