

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.

SEP 25 1931

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

25941

## 1. PLACE OF DEATH

County PlaskeTownship PA TawernCity Richard (No. Carl)Registration District No. 916Primary Registration District No. 5945File No. 12Registered No. 12St. Ward

Ward

## 2. FULL NAME

(a) Residence, No. Richard

(Usual place of abode)

St. Ward

Ward

(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

male

## 4. COLOR OR RACE

white

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

single

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

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

July 5, 1931

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

## FATHER

## 13. NAME

Ray Cadwell

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

## 15. MAIDEN NAME

Edith Van Loan

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

## 17. INFORMANT (ADDRESS)

Ray Cadwell, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Crocker CemDATE July 13, 1931

## 19. UNDERTAKER (ADDRESS)

W. J. Miller

## 20. FILED

Aug 15, 1931

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 12, 193122. I HEREBY CERTIFY, That I attended deceased from July 12, 1931 to July 13, 1931Last saw him alive on July 12, 1931. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumoniabronchitis10/11/10/12/13

Other contributory causes of importance:

noneName of operation none Date of noneWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury none, 19 1931Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. M. Mallett M. D.(Address) Crocker, Mo.

