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.

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

Do not use this space.

39664

File No. 4670

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. 3238 Brooklyn St. Ward)

2. FULL NAME Mrs. Eva Lillian Cadwell

(a) Residence, No. 3238 Brooklyn St., 13 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: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward H. Cadwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 4, 1852

7. AGE: Years 80 — Months 11 — Days 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Wisconsin 2

FATHER

13. NAME: Edward Gilman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont N. H.

MOTHER

15. MAIDEN NAME: Emily Abigail

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Melbourne Canada 5

17. INFORMANT (ADDRESS): Mrs. S. Y. Vedder 3226 Park Ave.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ PLACE: Elmwood Cem. DATE: Dec 12, 1932

19. UNDERTAKER (ADDRESS): Stiver & McClure 3235 Gillham Plaza

20. FILED 12-10, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-9-32, 19..., to 12-10-32, 19...

I last saw her alive on 12-9, 1932. Death is said to have occurred on the date stated above, at 5 A. m.

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

Date of onset

Coronary Occlusion

Other contributory causes of importance: Coronary Sclerosis

Name of operation: Symptoms Date of

What test confirmed diagnosis? Was there an autopsy? No

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

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) Fort Waldheim Bldg