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

Do not use this space.
2545

1. PLACE OF DEATH
County Holloway
Township Jackson
City (No. ..... St. ..... Ward)
Registration District No. 629
Primary Registration District No. 5831
File No. 333
Registered No. 13

2. FULL NAME Matilda Margret-Mahilda Cadwell
(a) Residence. No. Ravenswood, Mo St., 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 73 | 3 | 8 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Linn Mar Co Ill
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Andrew Cadwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Emma McCollie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Frank Cadwell
(Address) Ravenswood Mo

15. FILED 1/8, 1933. A. P. Ross.
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1933

17. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1932 to Jan 29, 1933 that I last saw h. alive on Jan 29, 1933 and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
486
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Diabetes Mellitus
Prior (duration) to mar 15 1932 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. M. Bayless, M. D
, 19 (Address) Confluence Junction 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 Sweet-Home Cemetery
DATE OF BURIAL 1/31 1933
20. UNDERTAKER Newton Long
ADDRESS Ravenswood Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement