

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.

MAY 24 1933

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

Do not use this space.

12047

1. PLACE OF DEATH
102 County Shelby Registration District No. 833
Township Laydon Primary Registration District No. 6096
City Leonard (No. _____ St. _____ Ward _____)

2. FULL NAME Mary Elizabeth Badwell
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred life mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Forest G. Badwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1857, 14, Jan

7. AGE YEARS 76 MONTHS 2 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

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

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) Leonard

13. NAME Clara Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Malinda Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT S. G. Badwell (ADDRESS) Leonard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leonard DATE 4-2-33

19. UNDERTAKER E. E. Eickert 3227 (ADDRESS) Leonard

20. FILED March 31, 1933 E. H. Howard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1933, to March 30, 1933
I last saw her alive on March 30, 1933 Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis - Date of onset _____
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132B 131

Other contributory causes of importance:
Uremic Coma

Name of operation None of _____
What test confirmed diagnosis Come from Death Was there an autopsy? _____

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) B. S. Simpson M. D.
(Address) Bethel Mo

