

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

Do not use this space.

32572

**1. PLACE OF DEATH**

County Cole Registration District No. 213  
Township Jefferson city Primary Registration District No. 3014  
City Jefferson city (No.         ) St.          Ward         

File No. 233  
Registered No.           
St.          Ward         

**2. FULL NAME**

(a) Residence, No. 314 E. DuPont St.,          Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15 - 1842</u>		
7. AGE	YEARS <u>91</u>	MONTHS <u>1</u>
	DAYS <u>15</u>	If LESS than 1 day, hrs. or min. <u>        </u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>        </u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>        </u>	
	10. Date deceased last worked at this occupation (month and year) <u>        </u>	11. Total time (years) spent in this occupation <u>        </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway co.</u>		
FATHER	13. NAME <u>Dennis Cardell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway co.</u>	
MOTHER	15. MAIDEN NAME <u>Drat-Huron</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Drat-Huron</u>	
17. INFORMANT <u>Mrs Josephine Bennett</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National cemetery</u> DATE <u>18th</u> 19 <u>33</u>		
19. UNDERTAKER <u>R. D. Hardiman</u> (ADDRESS)		
20. FILED <u>11/7/33</u> <u>        </u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

10

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15/33 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Oct 15, 1933

I last saw h.          alive on Oct 15, 1933. Death is said to have occurred on the date stated above, at 3:45 A.M. 10-15-33

The principal cause of death and related causes of importance were as follows:  
Phronic Myocarditis  
Hypertensive-Arteriosclerotic  
Nephritis.

Date of onset         

Other contributory causes of importance:  
Diabetes - Pyelitis -  
Prostatitis - B.I. upset.

Name of operation          Date of         

What test confirmed diagnosis? Urinary S.S. Was there an autopsy? Y

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?  
If so, specify         

(Signed) R. H. BLAND M. D.  
(Address) 215 1/2 Jefferson City St.

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.

NOV 10 1933

RECORD

