

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

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

Teacher
Do not use this space.

34044

1. PLACE OF DEATH

County MissouriRegistration District No. 668Township SalinaPrimary Registration District No. 3032City Salina(No. Bathurst Hosp)File No. 247Registered No. 668St. Mo.Ward

2. FULL NAME

(a) Residence, No. 606 E. 1st 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

M

4. COLOR OR RACE

W

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

Widowed

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

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

Oct 26 - 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

531116

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

prop. shop

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)

Mo

13. NAME

Arlando Bardwell

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

Ohio

15. MAIDEN NAME

Miss Collins

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

Ind.

17. INFORMANT (ADDRESS)

Waldo Bardwell

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wagoner Mo

DATE

10/15

19

19. UNDERTAKER (ADDRESS)

Missie Mae Smith20. FILED 10-14

1933

Jean Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 12 193322. I HEREBY CERTIFY That I attended deceased from Oct 12 1933 to Oct 12 1933I last saw him alive on Oct 12 1933 Death is said to have occurred on the date stated above, at Mo.

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

Superficial, compound, comminuted multiple fracture of maxilla with displacement of some contents of neck with laceration of trachea. Right clavicle internally injured to extent caught between two freight cars in motion.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide

Where did injury occur?

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

Manner of injury

Nature of injury

24. Was there any injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

112 1/2 St. Salina, Mo.

