

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

Do not use this space.

36865

1. PLACE OF DEATH

County Lasper Registration District No. 408
 Township Marion Primary Registration District No. 5562
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Bobby Jack Cardell
 (a) Residence, No. Carthage R-4 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. 6 mos. 25 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18th 1930</u>		
7. AGE	YEARS	MONTHS
	<u>3</u>	<u>6</u>
		DAYS
		<u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child.</u>	
	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) <u>Carthage Mo</u>		
FATHER	13. NAME <u>Wm. Cardell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cozyville Mo</u>	
MOTHER	15. MAIDEN NAME <u>Viva Cardell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>J. C. Cardell Carthage R-4</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>11/12/33</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. - Drake Carthage Mo</u>		
20. FILED <u>Nov. 12, 1933</u> <u>L. B. Colinton Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1933, to Nov. 10 1933
 I last saw him alive on Nov. 10 1933. Death is said to have occurred on the date stated above, at 2:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Laryngeal Diphtheria
 Date of onset 11-5-33

Other contributory causes of importance:
10

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) L. O. Hatcher M. D.
 (Address) 335 Grand St. Carthage

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.

WRITE CAREFULLY WITH OUTFOLDING INSTRUMENT—THIS IS A PERMANENT RECORD

JAN 26 1934
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