

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

Do not use this space.

File No. **23121**  
Registered No. **7**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 County Barton Registration District No. 39  
 Township \_\_\_\_\_ Primary Registration District No. 4023  
 City Golden City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Essie Wadlow  
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Robert Wadlow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 17-1897</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>6</u>
	DAYS <u>4</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>housewife</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 <u>40</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Golden City, Mo.</u>		
MOTHER / FATHER	13. NAME <u>J. W. Pattison</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laura</u>	
	15. MAIDEN NAME <u>Lydia Kelley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laurance, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mr. C. F. Hendricks</u> <u>Golden City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Golden City, Mo.</u> DATE <u>7. 23. 34</u>		
19. UNDERTAKER (ADDRESS) <u>E. A. Phillips</u> <u>Golden City, Mo.</u>		
20. FILED <u>7-23</u> 19 <u>34</u> <u>B. B. Williams</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

4. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17 1934, to July 21 1934  
 I last saw her alive on July 20 1934 Death is said to have occurred on the date stated above, at 11 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Exhaustion following a  
series of removals  
large ch. infarction  
of spleen  
 Other contributory causes of importance:  
hypertension  
hypertrophy of spleen  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Chas R Brown M. D.  
 (Address) Golden City, Mo.

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.

AUG 16 1934

RECORD WITH GRADING INFORMATION IS A PERMANENT RECORD

ELMER D. TWYMAN, M. D.  
1314 PROFESSIONAL BLDG.  
KANSAS CITY, MISSOURI

July 17, 1934.

Dr. C. R. Boone,  
Golden City,  
Missouri.

My dear Dr. Boone:

We removed a very large, chronic, inflammatory spleen from Mrs. Wadlow, with a large dead space resulting which is almost healed now. Will you please irrigate it once in two or three days, and otherwise care for it until it heals.

I tapped the pleura three times as there was a fluid poured out there, fibrinous hidden behind that. There is still fibrous deposit with resulting dullness. Please give her whatever tonic that seems to be in order.

Thanking you very kindly for your co-operation; also requesting that you occasionally let us hear how she does.

With professional regards,

Respectfully,

EDT-NS

Elmer D. Twyman  
M.D.

*Order for this*

Golden City, Mo.

E. T. McLaughlin, M.D.  
4/19/35

Bar A. Dr. Wilson is in  
hospital. Myself in auto with  
condition dangerous. His daughter  
handed me the enclosed regarding  
Essie Wadlow. I am sending this  
report Jim or Tugman the man  
who operated her. I saw her twice  
of the she came home, not before  
she went to hospital so I know  
nothing about the case.

Your friend  
C. R. Boon

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Barton

Registration District No. 39

File No. 23121

Township

Primary Registration District No. 4023

Registered No. 7

City Golden City (No.     )

St.      Ward     

2. FULL NAME Essie Wadlow

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from      19    , to      19    .

Was seen      alive on     , 19    . Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-17-1877

to have occurred on the date stated above, at 11: A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 6 4

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

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

Exhaustion following operation. Removal of large chronic inflammatory spleen. Fibrous deposit of vin pleura.

Date of onset     

Other contributory causes of importance: Final Diagnosis Splenomegaly, of unknown origin - not malignant

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

Name of operation Removal of spleen Date of       
What test confirmed diagnosis?      Was there an autopsy?     

13. NAME     

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

15. MAIDEN NAME     

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

17. INFORMANT (ADDRESS)     

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE      19     

19. UNDERTAKER (ADDRESS)     

20. FILED 7-23 1934 B. J. Wilson Registrar.

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) Chas. P. Boone, M. D. (Address) Golden City, Mo.

*Darton*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ernie Wallow

Who died at \_\_\_\_\_ on July 21 - 1934

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 57 Months 6 Days 4

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Principal cause of death: E. & L. Linsler  
Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) Falling removal of large

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) I am unaware of any one but Dr.

Principal cause of death: Elmer D. Jewman and his pathologist of Kansas City, Mo. who know the causes that led to the removal of the spleen and the fatal ending.  
B. J. Wilson - local Reg. Dis. 39 x 023

Other contributory causes of importance \_\_\_\_\_  
Name of operation removal of spleen Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician Chas R. Boone

Address of physician Golden City Mo.

Signature of Registrar B. J. Wilson Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 39

Primary Reg. Dist. No. 4023

*E. T. McLaugh*  
State Registrar  
Special Agent.

JAN 25 1935

FEB 6 1935

5-23121

ELMER D. TWYMAN, M. D.  
1314 PROFESSIONAL BLDG.  
KANSAS CITY, MISSOURI

March 9, 1935.

Dr. E. T. McGaugh, Special Agent,  
State Registrar,  
Jefferson City, Mo.

My dear Dr. McGaugh:

I feel that you may have a misapprehension about this case, i.e., Mrs. E. Wadlow. Mrs. Wadlow did not die of anything connected with the operation of the removal of her spleen. 125

She died on July 21<sup>st</sup> 1934, sometime after returning home, of an acute illeo-colitis with profuse diarrhea, and during the extreme exacerbation of heat which was so general in the locality at that time.

The removal of the spleen was done on two indications:

1-- Mechanical dyspnea. The tumor had become so large that the patient was unable to lie down in a bed and breathe. She had to be specially propped up all the time. Following her operation she was able to resume the usual recumbent position for sleep. She was then very comfortable, and very much relieved.

2-- Marked leukopenia with relative small lymphocytosis.

This condition cleared up completely, and a few weeks after the operation her count resumed normal proportions, both relative and absolute, and her hemoglobin per cent also improved.

Her case was carefully worked up; particularly by Dr. I. J. Woolf, of Kansas City, a competent medical consultant of many years experience. Many x-ray pictures were taken by Dr. David S. Dann, Radiologist. Many special pathological examinations were made by Dr. Robert S. Koritschoner, Director of Pathological Laboratory, and the case was the subject of numerous consultations, and of a complete and careful study of tissue after removal. Operation was completed without undue shock. The principal postoperative complication was a collection of serum in the left pleura which had to be aspirated three times.

Patient returned to her home feeling much improved and ambulatory.

If there is additional information requested about this case it might save time to write directly to me, as I will be glad to furnish promptly all records and information that you may need.

The case was indeed one of very great interest. If I knew particularly what point you are trying to clear up, I might be able to help you better.

Yours truly,

EDT-NS

E. D. Twyman, M.D.