

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.

JUN 3 1935

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

Do not use this space.

13898

1. PLACE OF DEATH

County

Phelps
Calderwings

Registration District No.

611

File No.

2

Township

Primary Registration District No.

3

Registered No.

679

City

(No.

St.

Ward)

2. FULL NAME

Mary Cadwaldern

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 2 1863*

7. AGE YEARS *72* MONTHS *3* DAYS *3* 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.

10. Date deceased last worked at this occupation (month and year) *Dec 1935* 11. Total time (years) spent in this occupation *Life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Walla WA*

13. NAME *Henry Stair*

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

15. MAIDEN NAME *Dorothy Kuro*

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

17. INFORMANT (ADDRESS) *Robt Cadwaldern Walla WA*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Brewer Cemetery* DATE *April 7 1935*

19. UNDERTAKER (ADDRESS) *R. A. Mull & Son Walla mo*

20. FILED *April 6 1935* *Jos Williams* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 5 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 4 1935* to *Apr 5 1935*
I last saw *her* alive on *Apr 4 1935*. Death is said to have occurred on the date stated above, at *10.00* m.

The principal cause of death and related causes of importance were, as follows:
Small bladder infection Date of onset *2-2-35*

Other contributory causes of importance: *none*

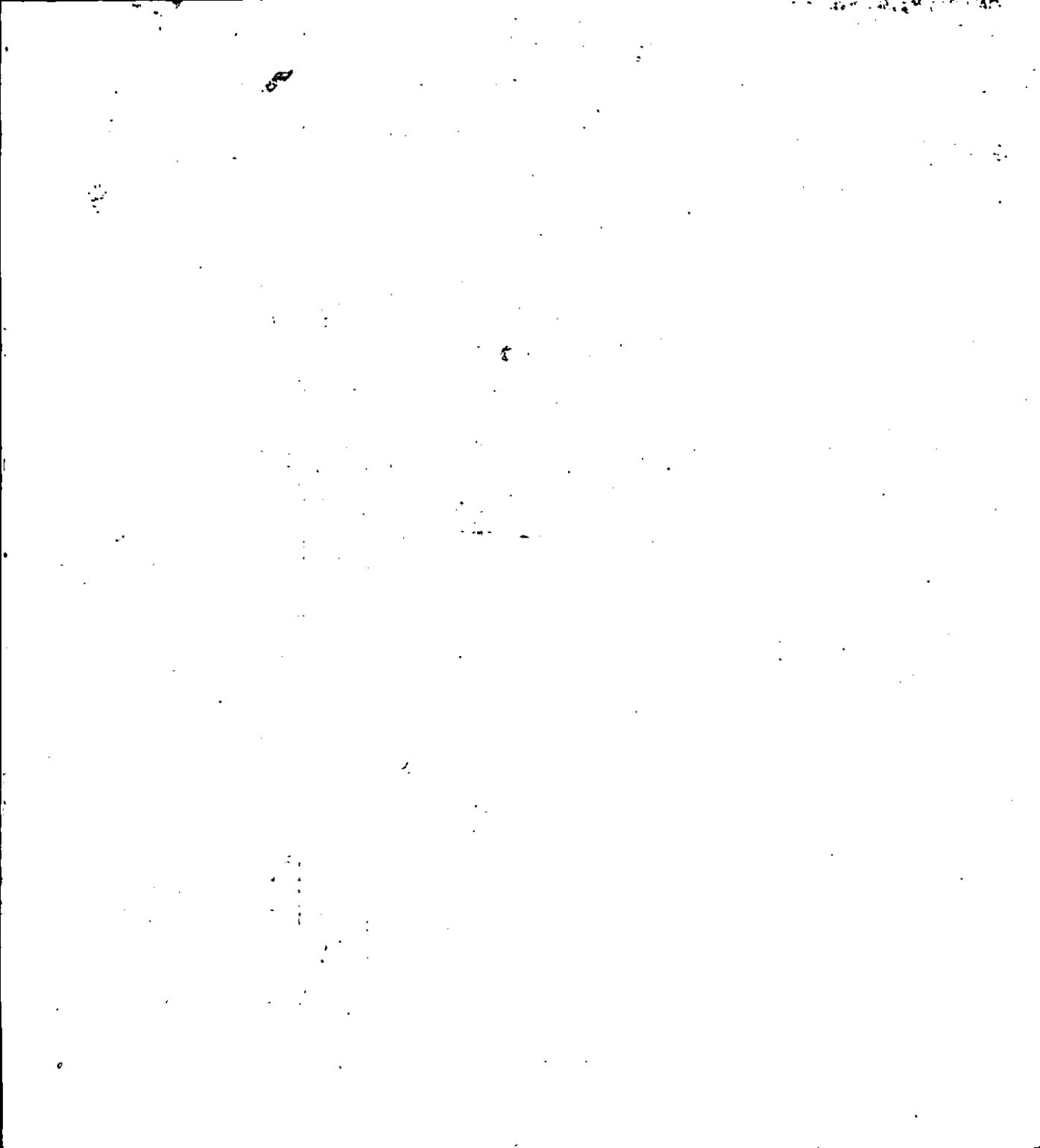
Name of operation..... Date of.....
What test confirmed diagnosis? *none* Was there an autopsy? *no*

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 *S. L. Mitchell*, M. D.
(Signed) *Walla WA*
(Address)



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

Do not use this space.

1. PLACE OF DEATH

County Phelps
Township.....
City..... (No.)

Registration District No. 679
Primary Registration District No. 5907

File No. 218
Registered No.
St. Ward)

2. FULL NAME

Mary Cadwalder

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 3 3

OCCUPATION 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.

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED April 5, 1935 postwitham Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19..... I last saw him..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows: Bladder infection Date of onset never & type Don't know way not able to determine

Other contributory causes of importance: 127 B

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 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) L. Mitchell M. D. Rona (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTAL

JUN 15 1935