

AUG 14 1935

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

Do not use this space.

22503

1. PLACE OF DEATH
26 County Cole Registration District No. 213
3 Township Jefferson Primary Registration District No. 3014
8 City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME Clifford Cardwell
(a) Residence, No. 215 1/2 Washburn, Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 - 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
15 10 29

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. Schoolboy
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) Green Co Mo

MOTHER
13. NAME Chas J Cardwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co Mo
15. MAIDEN NAME Ma Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co Mo

17. INFORMANT (ADDRESS) Mrs C Cardwell
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 6 1935

19. UNDERTAKER (ADDRESS) Lawrence Starnes

20. FILED 7/9/1935 W. Besford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-1935

22. I HEREBY CERTIFY That I attended deceased from 2 did not attend disease 19____
I last saw him _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at _____ H. P. M.
The principal cause of death and related causes of importance were as follows:
Drowning while in swimming in Ware Creek Washington Park. Arms were wrapped around boy in bottom of creek.
Other contributory causes of importance:
No boat was used. Apparent example of slight foot caught base of boat to go down.
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? Accident Date of injury 7-4-1935
Where did injury occur? Jefferson City Cole Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury in swimming
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) O. P. E. Weaver Coroner
(Address) Russellville 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.

