

SEP 18 1935

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

Do not use this space.

25685

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph, (No. 1906 South 11th Street St. _____ Ward _____)

File No. _____
Registered No. 904

2. FULL NAME Eliza Margaret Cardwell

(a) Residence, No. 1906 South 11th Street St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Cardwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 5, 1850.</u>		
7. AGE	YEARS	MONTHS
	<u>85</u>	<u>6</u>
		<u>24</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>None</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) Boone County,
(STATE OR COUNTRY) Missouri

13. NAME Bright Roberts

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. John Brendel
(ADDRESS) 1906 So. 11th Street

18. BURIAL, CREMATION, OR REMOVAL Mount Auburn Cent
PLACE St. Joseph, Mo. DATE August, 31, 1935

19. UNDERTAKER W. O. Sidenfaden
(ADDRESS) 1802 Union Str St. Joseph, Mo.

20. FILED 8-31 1935 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-24 1935, to Aug 27, 1935

I last saw h. or... alive on Aug 27, 1935 Death is said

to have occurred on the date stated above, at 12/05 p. m.

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

Ulc. Colicis
1200B
Other contributory causes of importance:
Senility -
Arteriosclerosis -

Name of operation None Date of _____
What test confirmed diagnosis? Clw 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) John R. Bender, M. D.
(Address) St. Joseph 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.

