FEB 20 1936

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

Do not use this space.

Gronoway

2092

1. PLACE OF DEATH

County: Macon — Registration District No.: 533 — File No.: 9

Township: — Primary Registration District No.: 3027 — Registered No.: 9

City: Macon (No. ..., ... St. ..... Ward)

2. FULL NAME: ELIZABETH WARDELL

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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): May 5 1914

7. AGE: YEARS 21 — MONTHS 7 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sales lady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wearing apparel
10. Date deceased last worked at this occupation (month and year): Jan 1936
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon, Missouri

FATHER

13. NAME: Charles A. Wardell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Evanston, Wyo.

MOTHER

15. MAIDEN NAME: Elizabeth Sauvinette
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon, Mo

17. INFORMANT (ADDRESS): Charles A. Wardell, Macon, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Oakwood Cem - Macon DATE: Jan 26 1936

19. UNDERTAKER (ADDRESS): Albert Skinner, Macon, Mo

20. FILED: 1/30, 1936 Leota Newton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1936, to Jan. 23, 1936

I last saw her alive on Jan 23, 1936. Death is said to have occurred on the date stated above, at 5 P m.

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

	Date of onset
Streptococcus sore throat with skin rash (Probable scarlet fever) (Epidemic)	1-11-36
Other contributory causes of importance: Peritonitis with paralytic ileus	1-17-36

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) J. P. Gronoway, M. D.

(Address) Macon, 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.