

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.

S. P. Martin

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
AUG 24 1936 CERTIFICATE OF DEATH

Do not use this space.

27378

1. PLACE OF DEATH

County Mississippi
Township East Prairie, Mo.
City East Prairie, Mo. (No. 4334)

Registration District No. 367
Primary Registration District No. 4334

File No. _____
Registered No. 56
St. _____ Ward _____

2. FULL NAME

Peggy June Cadwell

(a) Residence, No. _____ 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 - 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 5 hrs. or _____ min.

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) Mississippi Co. Mo.

FATHER 13. NAME Walter J. Cadwell

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

MOTHER 15. MAIDEN NAME Jessie May Manning

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

17. INFORMANT (ADDRESS) Walter J. Cadwell, East Prairie, Mo. Rt. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE 7/22/36

19. UNDERTAKER (ADDRESS) Francis H. Shelby, East Prairie, Mo.

20. FILED July 22 1936 Depp M. Hardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/22, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to July 22, 1936. Last saw h. alive on July 22, 1936. Death is said to have occurred on the date stated above, at 5:20 a.m.

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

Premature Birth Date of onset _____

Other contributory causes of importance: 159

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) S. P. Martin, M. D.

(Address) East Prairie, Mo.

