

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan

Registration District No.

85

Township

Primary Registration District No.

1001

City: St. Joseph

(No. St. Joseph Hospital)

File No.

11232

Registered No.

343

St. Ward

2. FULL NAME Baby Ardell

(a) Residence, No.

(Usual place of abode)

717 Richardson 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

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/15/37.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

0

0

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.

Infant

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri.

FATHER

13. NAME

Guy Ardell

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

Missouri.

MOTHER

15. MAIDEN NAME

Linnie Lenney

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

Elwood, Kansas

17. INFORMANT Guy Ardell
(ADDRESS) 717 Richardson

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE 3/17/37.

19. UNDERTAKER GRAVES FUNERAL HOME
(ADDRESS) 606 SOUTH 17th St.

20. FILED

3/17 1937

J. H. Nestlebury
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15/37.

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19.

I last saw her alive on never, 19. Death is said

to have occurred on the date stated above, at 8:30 P. M.

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

Date of onset

Stillbirth
macerated fetus
weighing 4 lbs. 12 1/2 oz.

Other contributory causes of importance:

Syphilis in mother

Name of operation none Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? Yes

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) C. S. Grant, M. D.

(Address) 6207 King Hill Ave
St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 1 X 7284

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DEPARTMENT OF CHEMISTRY

1953

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