JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper — Registration District No. 408 — File No. 20350

Township — Primary Registration District No. 3020 — Registered No.

City Carthage (No. 1528 Baker Blvd. 2 St. Ward)

2. FULL NAME Christopher Columbus Waddell

(a) Residence, No. 1528 Baker Blvd. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Malinda Jame Waddell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 20, 1855

7. AGE: 82 YEARS, 6 MONTHS, 30 DAYS. If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret'd. Farmer

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): Missouri

FATHER

13. NAME: David Waddell

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

MOTHER

15. MAIDEN NAME: Margaret (Unknown)

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

17. INFORMANT (ADDRESS): Perry Waddell, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE May 20, 1937

19. UNDERTAKER (ADDRESS): Ulmer Funeral Home, Carthage, Mo.

20. FILED May 20, 1937 S. B. Clinton, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937, to May 18, 1937

I last saw him alive on May 15, 1937. Death is said to have occurred on the date stated above, at 5:45am

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

| | Date of onset |
|---|---|
| Bronchopneumonia | May 1 '37 |
| Uremia | |

107

Other contributory causes of importance:
Chr. Prostatitis
Senile dementia

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? No

If so, specify

(Signed) Charles L. Hoagland M. D.

(Address) Carthage, 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.