

AUG 19 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. 87
Township St. Joseph Primary Registration District No. 100
City St. Joseph (No. State Hosp # 2) St. _____ Ward _____

File No. 26720
Registered No. 808
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1116 Elizabeth St. St. St. Joseph Ward _____
(Usual place of abode) (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs S. P. Cardwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Est 1867</u>		
7. AGE <u>Est 70</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) (STATE OR COUNTRY)
Deerborn Mo.

13. NAME
Samuel Cardwell

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

15. MAIDEN NAME
Mary Jane Fowell

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

17. INFORMANT (ADDRESS)
State Hosp # 2 Records

18. BURIAL, CREMATION, OR REMOVAL PLACE
WATHENA, KANSAS DATE July 22, 1937

19. UNDERTAKER (ADDRESS)
FLEEMAN & SON, INC. 1926 Calhoun St. Joseph, Mo.

20. FILED 7/21 1937 N. J. McCallister Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19th, 1937

22. I HEREBY CERTIFY That I attended deceased from April 23 1937 to July 19 1937.
I last saw him alive on July 19, 1937. Death is said to have occurred on the date stated above, at 11:55 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage

Other contributory causes of importance
8201

Name of operation None 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) E. E. DeLong M. D.

(Address) State Hosp # 2

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.

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