

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

Do not use this space.

1. PLACE OF DEATH

35 County Dunklin
 Township Falcons
 City (No. _____) _____ St. _____ Ward _____

Registration District No. 286
 Primary Registration District No. 540 4/15

File No. 2638
 Registered No. _____

2. FULL NAME

Baby Waddell - unnamed

(a) Residence, No. _____ St. _____ 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 7 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) Jan 21 - 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 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 _____

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo

FATHER
 13. NAME Earl Waddell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo

15. MAIDEN NAME Flarena Glover

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

17. INFORMANT (ADDRESS) Earl Waddell, Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary DATE 1/21 38

19. UNDERTAKER (ADDRESS) Paul Halderman, Kennett, Mo

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21 - 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1938, to Jan 21, 1938
 Last saw her alive on Stillborn, 1938 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:
Stillborn Date of onset _____

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Paul Halderman I, M. D.
 (Address) Kennett Mo

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILED
19. FUNERAL DIR (ADDRESS)
PLACE
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17. INFORMATION (ADDRESS)
16. MONTH (STATE)
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ALL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

2638
Do not use this space.

PLACE OF DEATH

(a) County Dunklin Registration District No. 286
 (b) Township Salcomb Primary Registration District No. 3404B Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

PRINT FULL NAME Baby Waddell

(n) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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) Jan 21 1938

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) Kennett mo

13. NAME Earl Waddell

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

15. MAIDEN NAME Florence Hoover

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

17. INFORMANT (ADDRESS) Earl Waddell Kennett mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Heart DATE 1/21 1938

19. FUNERAL DIRECTOR (ADDRESS) Paul Salmon Kennett mo

20. FILED 5-10 1938 J. Anderson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1938 to Jan 21 1938

I last saw h. Stollborn, 1938. Death is said to have occurred on the date stated above, at 10:20 m. The principal cause of death and related causes of importance were as follows:

Stollborn

Other contributory causes of importance:

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) Paul Baldwin, M. D.
 (Address) Kennett mo

OCCUPATION

FATHER

MOTHER

TEMPORARILY

1938

S-2638