

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
 Township Sedalia
 City Sedalia (No. 215 W. 10th)

Registration District No. 668
 Primary Registration District No. 1032

File No. 3705
21
 Registered No. 668
 St. _____ Ward _____

2. FULL NAME

Robert K. Bardwell 634
 (a) Residence, No. 215 W. 10th St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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. Mary E. Bardwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 7. 1874</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>11</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Elect. Engineer</u>		
10. Date deceased last worked at this occupation (month and year) <u>8 yrs</u>		
11. Total time (years) spent in this occupation _____		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Olando Bardwell</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Susana Collier</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>

17. INFORMANT Mrs. Mary E. Bardwell
 (ADDRESS) Sedalia
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown Hill DATE Jan-15-1938
 19. UNDERTAKER M. E. Langhlin Bros
 (ADDRESS) Sedalia
 20. FILED Jan 15 1938 J. M. Black
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 1 1938 to Jan 12 1938
 I last saw him alive on Jan 12 1938 Death is said to have occurred on the date stated above, at 1 PM m.
 The principal cause of death and related causes of importance were as follows:

Pericarditis
Myocarditis
Coronary atherosclerosis
Arteriosclerosis
 Other contributory causes of importance:
Hypertension
Chronic - sinus

Name of operation none Date of no
 What test confirmed diagnosis Chloro Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Chas. M. Black, M. D.
 (Address) Sedalia Mo

RECEIVED

FEB 28 1938

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