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.

1 5 6

REC'D NOV 21 1938

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

34995
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain V 1 Registration District No. 917
(b) Township ____ Primary Registration District No. 4550 Registered No. 32
(c) City Vandalia (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.
220

2. PRINT FULL NAME Mrs Eliza R. Ardell
(a) Residence, No. ____ St. ____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Milton Ardell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
91	11	16	

OCCUPATION
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. Housekeeping
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) Ohio

FATHER
13. NAME Philip Cable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Hannah Robertson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Maude M. Ardell Vandalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo DATE Oct 24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W S Waters

20. FILED 10/21 1938 Carrie F. Utterback Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1938, to Oct. 20, 1938
I last saw her alive on Oct 19, 1938. Death is said to have occurred on the date stated above, at 5A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

8 24 1

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) R Lee Alford, M. D.
(Address) Vandalia, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-447
Date Filed 11-9-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Wm B Walters, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Wm B Walters

Licensed Embalmer No. 2355

P. O. Address Vandalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.