

REC'D APR 24 1939

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

11391

Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 480
(b) Township La Grange Primary Registration District No. 4289 Registered No. 6
(c) City La Grange (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.

2. PRINT FULL NAME

Mattie Cardwell
(a) Residence, No. La Grange, Mo. 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 Female 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) April 1st. 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 11 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) La Grange
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Madison C. Cardwell

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

MOTHER 15. MAIDEN NAME Hanna Stipe

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

17. INFORMANT Florence Haney
(ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dover DATE Mar. 21st. 1939

19. FUNERAL DIRECTOR (NAME) A. A. Roberts
(ADDRESS) La Grange, Mo.

20. FILED 3/21 1939 W. E. Ellzey
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to March 20, 1939

I last saw h. e. r. alive on Nov. 1, 1939. Death is said

to have occurred on the date stated above, at 4 A. M.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Sensitiz.

Name of operation _____ 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) Dr. L. E. Carr M. D.

(Address) La Grange, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-585

Date Filed APR 17 1939

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,

march 20th. 1939, or by

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

Signed *M. A. Roberts*

Licensed Embalmer No. 1626

P. O. Address La Grange, 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.