

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.

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

Do not use this space.

NOV 9 1934
1. PLACE OF DEATH

County Jasper
Township Marion
City (No.) (No.) St. Ward)

Registration District No. 408
Primary Registration District No. 5562

File No. 36368
Registered No.

2. FULL NAME Billie Joann Cardell

(a) Residence, No. Carthage, R-4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 28 mos. ds. How long in U. S., if of foreign birth? yrs. . mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8th 1933</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>8</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Child</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) <u>Carthage, Mo</u>		
FATHER	13. NAME <u>Geo Cardell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cayville, Kans</u>	
MOTHER	15. MAIDEN NAME <u>Vivie Crum</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion, Mo.</u>	
17. INFORMANT <u>Mrs G Cardell</u> (ADDRESS) <u>Carthage R-4</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cemetery</u> DATE <u>Oct 19 1934</u>		
19. UNDERTAKER <u>Ulmer Drake</u> (ADDRESS) <u>Carthage, Mo.</u>		
20. FILED <u>Oct 19, 1934</u> <u>S. B. Child</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1934 to Oct 18, 1934
I last saw him alive on Oct 18, 1934 Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:
accidental death
due to injury of left foot of which she died for some time before
she died
Other contributory causes of importance:
injury inflicted accidentally by her brother

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (homicide), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10-17-1934
Where did injury occur? Jasper Co, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 12 ga shot from
Nature of injury left foot

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) W. J. Hagan, M. D.
(Address) Carthage

