SEP 21 1937

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

Do not use this space.

29934

File No.
Registered No. 3588

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City (No. 3412 Thompson St. Ward)
Registration District No. 399
Primary Registration District No. 1102

2. FULL NAME Adam Cardwell
(a) Residence, No. 3412 Thompson 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Missouri A. Greene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1862

7. AGE: Years 74 Months 8 Days 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation U.P.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wallace Mo

FATHER
13. NAME Adam Cardwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know Virginia

MOTHER
15. MAIDEN NAME Mary Jane Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know Virginia

17. INFORMANT (ADDRESS) Mrs C A Cardwell Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ft Scott Kan DATE Aug 31 1937

19. UNDERTAKER (ADDRESS) Altemeier Funeral Home Ft Scott Kan

20. FILED Aug 30 1937 Mr. Mr Crouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29 1937, to Aug 29 1937, that I last saw him alive on Aug 29 1937. Death is said to have occurred on the date stated above, at 7 P.M.

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

Myelodysgenesis Date of onset
92a

Other contributory causes of importance:
Hypertension

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?
If so, specify
(Signed) Dr Stan D. Jameson
(Address) 302 E. Eastland Ft Scott Mo
Phone Ch 5391

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.