

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

Do not use this space.

7392

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1. PLACE OF DEATH

County Newton
Township Franklin
City (No.)

Registration District No. 608
Primary Registration District No. 5867

File No.
Registered No. St. Ward

2. FULL NAME

William Parker Cardwell

(a) Residence No. St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flora Cardwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 3 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT C. Cardwell (Address) Stella, Mo.

15. W. N. Karmell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25 1939

I HEREBY CERTIFY, That I attended deceased from Feb. 18 1939, to Feb. 25 1939 (that I last saw him alive on Feb. 24 1939, and that death occurred, on the date stated above, at 9 p.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pneumonia
112
100
(duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. D. Davidson, M. D.
, 19 (Address) Stella, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Macedonia DATE OF BURIAL Feb. 29 1939

20. UNDERTAKER Logan Underlapp ADDRESS Wheeler

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.

26 1939

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