

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**

**PLACE OF DEATH**  
 County Jackson  
 Township Kear  
 Village \_\_\_\_\_  
 or \_\_\_\_\_  
 City Kear City (NO. 1308 Evening) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 399 File No. 22836  
 Primary Registration District No. 1002 Registered No. 2242

[If death occurred in a hospital or institution, give its NAME instead of street and number]

**FULL NAME** Wm. H. Caswell

**PERSONAL AND STATISTICAL PARTICULARS**

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

DATE OF BIRTH Nov. 21, 1853  
(Month) (Day) (Year)

AGE 60 yrs. 8 mos. 0 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE Iowa  
(City or town, State or foreign country)

PARENTS NAME OF FATHER Jordan Caswell

BIRTHPLACE OF FATHER Ky  
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER Mary Wells

BIRTHPLACE OF MOTHER Ky  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mrs. Bertha McElroy

(ADDRESS) 1308 Evening

Filed JUL 23 1914 1914 W. S. Wheeler REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 21, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 20, 1914, to July 21, 1914, that I last saw him alive on July 21, 1914, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH\* was as follows:  
Surcuma of face

52 (Duration) 1 yrs. 0 mos. 0 ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. Caswell Anderson M. D. 7/23 1914 (Address) 6520 Ingersoll

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_  
 Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Rich Hill, Mo DATE OF BURIAL July 28, 1914

UNDERTAKER Boat Co. ADDRESS 15th Jackson

