

OCT 25 1927

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

Do not use this space.

26663

1. PLACE OF DEATH

County Callaway.
Township Fulton.
City Carl Caldwell. (No. St. Ward)

Registration District No. 104
Primary Registration District No. 5153

File No.
Registered No. 195

2. FULL NAME

Carl Caldwell.

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Single.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10th. 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17. 11 8

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER E. W. Caldwell.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Loenta Givens.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Va.

14. INFORMANT Mrs. E. W. Caldwell.
(Address) R. F. D. Fulton. Mo.

15. FILED Sept 20 27 P. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/18/ 192717. Raw

I HEREBY CERTIFY, That I attended deceased from after death 7/18/ 1927
that I last saw him alive on 7/18/ 1927, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Drowning (accident)

183 182
CONTRIBUTORY (SECONDARY) 183 182
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: no0 DID AN OPERATION PRECEDE DEATH? no DATE OF XWAS THERE AN AUTOPSY? viewed the bodyWHAT TEST CONFIRMED DIAGNOSIS: C. H. Christian Coroner(Signed) C. H. Christian Coroner, M. D., 19 (Address) Fulton 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 Hillcrest Cemetery. DATE OF BURIAL Sep't. 20, 27

20. UNDERTAKER Herndon-Taylor Furn-Co. ADDRESS Fulton, Mo.

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.

