JUL 25 1928

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

Do not use this space. 20463

1. PLACE OF DEATH
County Henry
Registration District No. 14
Township Windsor
Primary Registration District No. 427
File No.
Registered No. 27
City (No. St. Ward)

2. FULL NAME Albert Caldwell

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Male	16. DATE OF DEATH (month, day and year) June 22 1928
4. COLOR OR RACE: White	17. I HEREBY CERTIFY, That ~~I attended deceased from~~
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	19 , to 19
5a. If Married, Widowed, or Divorced HUSBAND of ~~(or) WIFE of~~: Josie Caldwell	~~that I last saw h~~ dead ~~alive on~~ June 22 1928, and that death occurred, on the date stated above, at about 6:30 P. m.
6. DATE OF BIRTH (month, day and year): 10/10/1856	THE CAUSE OF DEATH* was as follows: Gun shot wound in heart self inflicted. Ill health.
7. AGE: 71 Years, 8 Months, 12 Days; If LESS than 1 day, hrs. or min.	(duration) yrs. mos. ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Farmer	CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer)	18. Where was disease contracted if not at place of death? ✓
(c) Name of employer	Did an operation precede death? ✓ Date of
9. BIRTHPLACE (city or town): Dallas County; (State or country): Iowa	Was there an autopsy? no
10. NAME OF FATHER: William Caldwell	What test confirmed diagnosis?
11. BIRTHPLACE OF FATHER (city or town) (State or country): Indiana	(Signed) R. J. Jennings, M.D
12. MAIDEN NAME OF MOTHER: Unknown	June 22, 1928 (Address) Clinton, Mo. Coroner Henry Co., Mo.
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown	*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.
14. INFORMANT: Mrs Josie Caldwell (Address)	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Laurel Cemetery. DATE OF BURIAL: June 24 1928
15. FILED June 24 1928 R. J. Jennings, Registrar	20. UNDERTAKER: J. B. Walker. ADDRESS: Windsor, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

very item of information should be car[illegible] should be stat[illegible]
DEATH in plain terms, so that it ma[illegible] Exact statement of [illegible]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

UNFADING INK—IT 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.
County Henry Registration District No. 14 File No.
Township Primary Registration District No. 4211 Registered No. 27
City Windsor (No. St. Ward)

2. FULL NAME Albert Caldwell

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	M

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED Aug 2 1928 R J Jennings REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun Shot wound in Right leg inflicted, supposed to be suicide
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Ill Health
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D
, 19 (Address)

*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	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

1 40

S-20463