27 1928

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

Do not use this space.

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No. 24436
Township Mason — Primary Registration District No. 30219 — Registered No. 205
City Hannibal (No. 1000 Bacon St. ..... St. ..... Ward)

2. FULL NAME Commodor Caldwell
(a) Residence. No. 1000 Bacon 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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1869

7. AGE: about 59 YEARS — MONTHS: – — DAYS: – — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: McTyre & Jones

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

PARENTS
10. NAME OF FATHER: James Caldwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Jennie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT Mary Abby
(Address) 1000 Bacon

15. FILED 8/2 1928 C E Steele
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-31 1928

17. I HEREBY CERTIFY, That I attended deceased from 145 a.m. June 24 1928 to July 31 1928 that I last saw him alive on July 29 1928, and that death occurred, on the date stated above, at 1.45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Tuberculosis

L3A (duration) ..... yrs. 1 mos. 7 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) A. W. Fox, M. D
Aug 2, 1928 (Address) Hannibal, 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: New London — DATE OF BURIAL: Aug 2 1928

20. UNDERTAKER: Geo E Roberts — ADDRESS: Hannibal

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.