

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

Do not use this space.

34299

1. PLACE OF DEATH

County Marion
Township Portage
City Portageville, Mo. (No. _____)

Registration District No. 3461
Primary Registration District No. 4381

File No. 22
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Willie 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

Male

4. COLOR OR RACE

Black Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Infant

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

Infant

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

Sept. 30 - 1925

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Portageville, Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Willie Caldwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Sula Minor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Jenn

PARENTS

14. INFORMANT

Portageville, Mo.
Jess Caldwell

(Address)

15. FILED

11/6 25

Ch Cook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept. 18 1925

17.

I HEREBY CERTIFY, That I attended deceased from _____ o.c.t.

_____ 19____, to _____ 19____, and that I last saw him alive on _____ 19____, and that death occurred, on the date stated above, at _____ 11 _____ P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Illie o.c.t.

CONTRIBUTORY (SECONDARY)

113 13

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? General symptoms

(Signed) J. W. Ben, M. D.

Oct 17, 1925 (Address) Portageville, 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

DATE OF BURIAL

Portageville, Mo. 10 17 1925

20. UNDERTAKER

ADDRESS

R. M. Payne Portageville, 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.

27

1925

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