

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

Do not use this space.

36565

1. PLACE OF DEATH

County Franklin
Township.....
City Washington (No.....) St..... Ward.....

Registration District No. 297
Primary Registration District No. 3016

File No.....
Registered No. 92

2. FULL NAME

William Andrew Caldwell

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

Gerald mo
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 3 1/2 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 white 5. ~~SINGLE, MARRIED, WIDOWED OR~~ Widowed
~~Divorced (write the word)~~

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16th 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 11 16

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER A Caldwell

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

12. MAIDEN NAME OF MOTHER Sara Roach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Spring Brook Mo.
(STATE OR COUNTRY)

14. INFORMANT W. M. Caldwell
(Address) Gerald mo

15. FILED Nov 27 1928 O. L. Linnick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928, to Nov 27, 1928, that I last saw him alive on Nov 26, 1928, and that death occurred, on the date stated above, at 6:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prostatic Carcinoma

4051^c (duration) yrs. 5 mos. ✓ ds.

CONTRIBUTORY don't know
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at place of death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Werner H. Wagner, M. D.

Nov. 27, 1928 (Address) Washington, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Georgy Cemetery Gerald mo 11/29 1928

20. UNDERTAKER ADDRESS
E. H. Ottman Union

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.

1928

