

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

Do not use this space.

40032

1. PLACE OF DEATH

County Dade County Registration District No. 238
 Township Lackwood Primary Registration District No. 4445
 City Lackwood (No.) St. Ward (....)

2. FULL NAME Clarence Arnold Mc Caleb

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 21 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 | 8 | 10

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER E. Thibert Addison Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henry
 (STATE OR COUNTRY) Marshall Mo

12. MAIDEN NAME OF MOTHER Susan C. Cochrane

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

14. INFORMANT Mrs Kate Miller
 (Address) Lackwood Mo

15. FILED 12-4-28 J. B. Whelan
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-30, 1928, to 12-1, 1928, that I last saw him alive on 11-30, 1928, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
92A

CONTRIBUTORY (SECONDARY) 90A

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, DATE OF
 DID AN OPERATION PRECEDE DEATH, DATE OF

19. WHAT TEST CONFIRMED DIAGNOSIS (Signed) J. B. Whelan M. D.
 , 19 (Address) Lackwood 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 Kingspoint Cemetery DATE OF BURIAL Dec 2 1928
 20. UNDERTAKER Peer & Hauschild ADDRESS Lackwood Mo

WRITE PLAINLY, WITH UNFADING INK---THIS 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.

27 1928
 27 1928

67

1-1-68

MEMORANDUM FOR THE DIRECTOR, FBI

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [REDACTED]

RE: [REDACTED]

On 1/1/68, [REDACTED]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dade
Towaship Lockwood
City Lockwood (No.) St. Ward)

Registration District No. 238
Primary Registration District No. 4143

File No.
Registered No.

2. FULL NAME

Clarence Arnold McCaleb

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 21 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 10

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)

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.

FILE 12-4-28

J. B. W...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 - 1928

17. I HEREBY CERTIFY That I attended deceased from 19....., 19....., and that 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:

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

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

WRITE PLAINLY, V. ADING INK---THIS IS PERM

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 impo

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

SUPPLEMENTARY

S-40032