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.

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

Do not use this space. B, H

41101

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 5182

City Kansas City (No. Rear of 2008 Broadway St. Ward)

2. FULL NAME Austin Caldwell

(a) Residence. No. 3412 Smart Ave. St., 9 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

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): June 4th 1912

7. AGE: Years 16 — Months 6 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: Louis G. Caldwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Lottie Ford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Missouri

14. INFORMANT: Hugh W. Smith
(Address): 3412 Smart

15. FILED 12-28-1928 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/27 1928

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 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: Homicide Firearms

173 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 197 (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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Stanley M Hall, M. D
12-28-1928 (Address) Deputy Coroner

*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: Mt Washington — DATE OF BURIAL: Dec 29 1928

20. UNDERTAKER: Mrs C. L. Forster — ADDRESS: City