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.

50 1 2

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

Do not use this space.

6989

1. PLACE OF DEATH

County Jefferson — Registration District No. 421 — File No.

Township Joachim — Primary Registration District No. 5575 — Registered No. 25

City Crystal City Mo. (No. ..... St. ..... Ward)

2. FULL NAME Felix Cleveland Caldwell

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred -- yrs. 3 mos. -- ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18th., 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	------	3	----	

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) Crystal City
(STATE OR COUNTRY) Jefferson Co Mo.

PARENTS

10. NAME OF FATHER Frank. J. Caldwell

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

12. MAIDEN NAME OF MOTHER Lena Gendron

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kaskaski Il.
(STATE OR COUNTRY) Illinois

14. INFORMANT Frank J. Caldwell
(Address) Crystal City Mo.

15. FILED 4/19, 1929 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Feby 15, 1929, to Feby 18, 1929, that I last saw h. ~~were~~ alive on Feby 17, 1929, and that death occurred, on the date stated above, at 1809 m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Colombar Pneumonia

10 YR

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10 YR

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J F Donnell, M. D

Feby 18, 1929 (Address) Crystal City 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
Festus Mo	Feb. 19 1929
20. UNDERTAKER	**ADDRESS**
Duester & Umyard	Festus Mo.