

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

Do not use this space.

15528

**1. PLACE OF DEATH**

County Deming  
Township North  
City Northsville (No. \_\_\_\_\_)

Registration District No. 65-1  
Primary Registration District No. 4388

File No. \_\_\_\_\_  
Registered No. 51  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Roscoe 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Ball Caldwell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown</u>		
7. AGE <u>about 35</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>None</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Portageville</u> (STATE OR COUNTRY) <u>Mo</u>		
PARENTS	10. NAME OF FATHER <u>William Caldwell</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	12. MAIDEN NAME OF MOTHER <u>Roscoe Band</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville</u> <u>Mo</u>	
14. INFORMANT (Address) <u>R.M. Payne</u> <u>Portageville, Mo</u>	15. FILED <u>May 1, 1929</u> <u>A. de V. Martin</u> REGISTRAR	

**MEDICAL CERTIFICATE OF DEATH**

1. 1

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Guns shot wound fired by  
Alva Reed  
(Coroner Jury Verdict)  
173 (duration) yrs. mos. ds.  
CONTRIBUTORY Homicide  
(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) James P. Vickrey (Coroner) M. D.  
Apr. 26 1929 (Address) Broggolsted 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 <u>Portageville, Mo.</u>	DATE OF BURIAL <u>Apr. 27, 1929</u>
20. UNDERTAKER <u>R.M. Payne</u>	ADDRESS <u>Portageville, Mo.</u>

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.

262

28 1929

WHITE PAPER, WITH GRADING INK—THIS IS A PERMANENT RECORD

