14

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

Do not use this space.

30230

1. PLACE OF DEATH

County Calaway — Registration District No. 104 — File No.

Township — Primary Registration District No. 3008 — Registered No. 198

City Fulton (No. ..... St. ..... Ward)

2. FULL NAME Jas S. McCauley

(a) Residence (No. Hospital No 1 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. 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) —

7. AGE: Years 58 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Mo

PARENTS

10. NAME OF FATHER: D K
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): D K
12. MAIDEN NAME OF MOTHER: D K
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): D K

14. INFORMANT Hospital Records (Address)

15. Sept 26 29 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 25 1929

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1929, to Sept 25, 1929, that I last saw him alive on Sept 25, 1929, and that death occurred, on the date stated above, at 11 20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

930

(duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (SECONDARY) 90B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D C Adams, M. D

, 19 (Address) Fulton 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: St, Joseph, Mo, — DATE OF BURIAL: D, K, 19

20. UNDERTAKER: Herndon-Taylor Furn-Co, — ADDRESS: Fulton, Mo,

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.