MAR 25 1930

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

Do not use this space.

4227

1. PLACE OF DEATH

County Butler — Registration District No. 980

Township ~~Poplar Bluff~~ — Primary Registration District No. 4132

City ~~Poplar Bluff~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Margaret P. 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 70 yrs. 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)
female	white	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. N. Caldwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 28, 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	2	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Geo.

PARENTS

10. NAME OF FATHER James Carson

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

12. MAIDEN NAME OF MOTHER Lena Dixon

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

14. INFORMANT M. D. Caldwell

(Address) Route # 1

15. FILED 2/5, 1930 M D Caldwell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1930, to Feb 4, 1930 that I last saw her alive on Jan 21, 1930, and that death occurred, on the date stated above, at 7:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82 A

100

115 Cerebral Apoplexy

..... (duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (SECONDARY) Age, Hypertension

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Same

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J Lee Harwell, M. D.

2/4, 1930 (Address) Poplar Bluff 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
Sparkman cemetery	Feb. 5 30

20. UNDERTAKER	ADDRESS
A. W. Greer	Poplar Bluff, 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.

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