

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

Do not use this space.

4854

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Jackson City (No. Research Hosp.)

Registration District No. 390  
Primary Registration District No. 1

File No. \_\_\_\_\_  
Registered No. 502  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Samuel C. Caldwell  
(a) Residence. No. 5529 Jackson St. 16 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 12 yrs. 10 mos. 16 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) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Jennie M. Caldwell

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 2 11

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Saleman  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer Baltimore Sales Books Co.

9. BIRTHPLACE (CITY OR TOWN) Rome  
(STATE OR COUNTRY) Georgia

10. NAME OF FATHER Samuel C. Caldwell

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

12. MAIDEN NAME OF MOTHER Nellie Craighead

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

14. INFORMANT Mrs. Jennie M. Caldwell  
(Address) 15529 Jackson

15. FILED 7/3 1930 M. M. Brewer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 31/30 1930 to Feb. 1 1930 that I last saw alive on Feb. 1 1930 and that death occurred, on the date stated above, at 6:10 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Postoperative Herniac  
Intestinal Obstruction  
122A Acute  
122B (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Anaemia & Operative Shock (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED 11801  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 1/30

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) John H. Ogilvie, M. D.  
13 (Address) 1002 Argyle

\*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. Moriah Cem. DATE OF BURIAL Feb. 4, 1930

20. UNDERTAKER D. W. Deucomer's Sons ADDRESS R. C. M.

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.

Mr. James Jackson  
1002 Arroyo Bldg  
Vie. 5444

1-4.