

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

Do not use this space.

38820

PLACE OF DEATH

County Adair Registration District No. 166  
Township Adair Cedar Primary Registration District No. 5232  
City Reuben P. Caldwell (No.            St.            Ward           )

2. FULL NAME

(a) Residence. No.            St.            Ward             
(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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 1860

7. AGE YEARS 70 MONTHS 7 DAYS 6 If LESS than 1 day,            hrs.            min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(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.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT

(Address) Chesley Caldwell

15.

FILED 1-7, 1931

H. A. Simrell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1930, to Dec. 25, 1930  
that I last saw him alive on Dec. 25, 1930 and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchopneumonia  
10-7-30 (duration) yrs.            mos. 5 ds.  
CONTRIBUTORY (SECONDARY)            (duration) yrs.            mos.            ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH           

DID AN OPERATION PRECEDE DEATH? No DATE OF           

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS           

(Signed) J. R. Williams, M. D.

(Address) El Dorado Springs

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Hazelbell Cemetery

Dec. 28 1930

20. UNDERTAKER

ADDRESS

Swain & Sons El Dorado Springs

