

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.

MAR 25 1931

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6309

1. PLACE OF DEATH

County Marion
Township X
City Hannibal (No. 724)

Registration District No. 547
Primary Registration District No. 3029
Hickory

File No. _____
Registered No. 51
St. _____ Ward _____

2. FULL NAME

Mary Louisa Caldwell
(a) Residence No. Clarkwood, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 31, 1853-

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 3 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 2 1/2
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Home

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ralls Co, Missouri!

10. NAME OF FATHER Mrs S. Lake

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) South Carolina

12. MAIDEN NAME OF MOTHER Mary Bear

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

14. INFORMANT Mrs. B. W. Hyde
(Address) 724 Hickory St, Hannibal, Mo

15. FILED 2/23 1931 H. E. Cousens
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1931, to Feb 20 1931, that I last saw her alive on Feb 20 1931, and that death occurred, on the date stated above, at 11:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arterio sclerosis
97
322B (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ursemia
(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? general exanthema
(Signed) A. J. Chantrel, M. D.

, 19 _____ (Address) Hannibal 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 Barkley, New London, Mo. DATE OF BURIAL Feb 23 1931

20. UNDERTAKER New M. Smith ADDRESS 902 Broadway Hannibal, Mo

