

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

Do not use this space.

20279-A
File No. 18
Registered No. 18

1. PLACE OF DEATH
County Stoddard Registration District No. 836
Township _____ Primary Registration District No. 4507
City Berwyn (No. _____) St. _____ Ward _____

2. FULL NAME John A. Caudey

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

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

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1931, to May 16, 1931 that I last saw him alive on May 16, 1931, and that death occurred, on the date stated above, at 8:50 a.m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS
Heart's Stop Pneumonia

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>8</u>	<u>21</u>	

108
114B
118C (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Hemorrhage Lungs (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

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

PARENTS

10. NAME OF FATHER James Caudey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

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

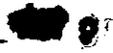
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bernie, Mo. DATE OF BURIAL 5-17-1931
20. UNDERTAKER Bernie Undertaking Co. Bernie, Mo. ADDRESS _____

14. INFORMANT Will Pratt
(Address) Bernie Mo.

15. FILED 8/1 1931 Florence Wilson
REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact surname of deceased.

AUG 29 1931



11211

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Stoddard
Township Bernie
City Bernie (No. _____)

Registration District No. 836
Primary Registration District No. 4307

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14, 1876

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
54 8 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME James Canada

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. near

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED May 17, 1931 Florence Allen Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

_____ to _____, 19____

I last saw h. alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly understood.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED

S-20279-A