

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

Do not use this space.

* 38349

1. PLACE OF DEATH

County

Township

City

2. FULL NAME

(a) Residence

(Usual place of abode)

Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

(No.

St.

Ward)

Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M.</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Angel Bates Caldwell</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 2 - 1859</i>		
7. AGE <i>80</i>	YEARS	MONTHS <i>7</i>
		DAYS <i>16</i>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)
Wagon Co.

MOTHER / FATHER 13. NAME
James Caldwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)
Adair Co. Mo.

MOTHER 15. MAIDEN NAME
Mary Bushart Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)
Shelby Co. N. C.

17. INFORMANT (ADDRESS)
R. A. Doyle

18. BURIAL, CREMATION, OR REMOVAL PLACE
Freemont Cem. Nov. 24, 1931

19. UNDERTAKER (ADDRESS)
Travis Shelby East Main St

20. FILED *11-15*, 1931
Wm Hodge Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 18*, 19*31*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 10*, 19*31* to *Nov 18*, 19*31*
I last saw him alive on *Nov 18*, 19*31*. Death is said to have occurred on the date stated above, at *11:45 P.M.*
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar Date of onset *Nov 15*
108 / 106 B / 108
Other contributory causes of importance:
Chr Bronchitis

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) *D. Mastin*, M. D.
(Address) *Prarie 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.

