

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

Do not use this space.

1335

1. PLACE OF DEATH

County **Jackson**
Township **Kaw**
City **Kansas City** (No. **2901 Olive**)

Registration District No. **399**
Primary Registration District No. **700**

File No. _____
Registered No. **573**
St. _____ Ward _____

2. FULL NAME Louise B. Caldwell

(a) Residence, No. **2901 Olive** St. **11** 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) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L. Caldwell				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1859				
7. AGE	YEARS 72	MONTHS 4	DAYS 3	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home			
	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) Alabama				
FATHER	13. NAME Eli Newton			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.			
MOTHER	15. MAIDEN NAME Sarah Brassington			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.			
17. INFORMANT W. L. Caldwell (ADDRESS) 2901 Olive				
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cem. DATE 2/2/32 19__				
19. UNDERTAKER R. V. LINDSEY & SONS (ADDRESS) 3811 Broadway				
20. FILED Jan. 31 19 32 M. M. Brown Regist. any				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1932 .19__

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, 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:

Chronic Myocarditis
930
97: 930

Other contributory causes of importance:
arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **no**

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 _____ **(1)**
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____
(Signed) *Thomas R. Conroy*, M.D.
(Address) _____

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.

