

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

Do not use this space.

22581

1. PLACE OF DEATH
 County Harrison Registration District No. 334
 Township Bethany Primary Registration District No. H157
 City Bethany St. _____ Ward _____
 2. FULL NAME Mary J Caldwell
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augustus Caldwell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-20-1842
 7. AGE YEARS 90 MONTHS 3 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
 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) Harrison Co. Mo.
 13. NAME James Fuller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Lucinda Francis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT (ADDRESS) James Whitaker
Bethany Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Monson cemetery DATE 7-21-1932
 19. UNDERTAKER (ADDRESS) S. McHaass
Bethany Mo.
 20. FILED 8/10 19 32 J. H. Adams
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1932
 22. I HEREBY CERTIFY That I attended deceased from _____, 1932, to _____, 19____
 I last saw h. a. y. alive on July 18, 1932. Death is said to have occurred on the date stated above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:
Acute Bronchitis
Senility
 Other contributory causes of importance:
(3)
 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) J. H. Adams, M. D.
 (Address) Bethany Mo.

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.

AUG 24 1932

