

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.

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

Do not use this space.

32374

**1. PLACE OF DEATH**

County Jackson  
Township How  
City K. C. 7th

Registration District No. 303  
Primary Registration District No. 0002  
(No. St. Joseph Hospital)

File No. \_\_\_\_\_  
Registered No. 3003  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Harvey Caldwell  
(a) Residence, No. 1392 S. Archer Place 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Caldwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-7-1853</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>1</u>
	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	13. NAME <u>W. H. Caldwell</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	15. MAIDEN NAME <u>Pauline Mason</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	17. INFORMANT (ADDRESS) <u>J. S. Raymond 5839 Wash Ave. K. C. 210</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn, K.C.K.</u> DATE <u>Oct-18, 1939</u>
	19. UNDERTAKER (ADDRESS) <u>Mrs. B. L. Forster 25. C. 210</u>
	20. FILED <u>10/17, 1939</u> <u>M. M. Crone Registrar.</u>

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1932

22. I HEREBY CERTIFY that I attended deceased from October 12, 1932 to October 16, 1932.  
I last saw him alive on October 16, 1932. Death is said to have occurred on the date stated above, at 3:00 p. m.  
The principal cause of death and related causes of importance were as follows:  
Cardio-renal disease  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 95B 95B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Direct method Was there an autopsy? yes

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 \_\_\_\_\_ (1)

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. Willey, M. D.  
(Address) 717 Shubert Bldg

*Sp. cov. paper*  
Schubert Bldg. - Yi-6844  
1422 Central Ha-2714