

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

Do not use this space.

40273

1. PLACE OF DEATH

49 County Jasper
Township Commercial
City St. Charles (No. _____)

Registration District No. 413
Primary Registration District No. 55540

File No. _____
Registered No. 39
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. 10 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Aken
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 8 - 1909
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newswork
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Hurry Co. Mo.

13. NAME Griff Caldwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Ella Wheldon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City Cem DATE Dec 3

19. UNDERTAKER (ADDRESS) Webb City and Co

20. FILED Dec 3 1932 J. E. Weaver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1932 to Dec 2 1932

I last saw her alive on Dec 1 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:
23A

Neuroptysis 10 Min

Pulmonary Tuberculosis 1930

Other contributory causes of importance: 23 1

Tuberculosis 1932

Laryngitis

Name of operation none Date of _____

What test confirmed diagnosis? Spu 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 _____, 1932

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) John E. Daceyless, M. D.

(Address) St. Charles

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.

JAN 24 1933

