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.

MAY 25 1934

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

Do not use this space.

12888

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No. 1636
Township Kaw — Primary Registration District No. 1 — Registered No. 5
City K. C. Mo (No. 818-E10th St. Ward)

2. FULL NAME Lucy Caldwell
(a) Residence, No. 818-E10th St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver Caldwell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-4-1883
7. AGE YEARS 41 MONTHS DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
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) Kansas

FATHER
13. NAME Robert Horton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Lucy Perkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT Oliver Caldwell (ADDRESS) 818-E.10.
18. BURIAL, CREMATION, OR REMOVAL PLACE Knapnaster Mo DATE 4-6 1934
19. UNDERTAKER Saults Und Co (ADDRESS) Knapnaster Mo
20. FILED 4-11- 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to April 10, 1934
I last saw her alive on April 10, 1934. Death is said to have occurred on the date stated above, at 7 30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	4-10-34
131	
82 R	
102	
131	
Other contributory causes of importance:	
Hypertension	?
Chronic Interstitial Nephritis	?

Name of operation None Date of
What test confirmed diagnosis? Clinical Physical 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. E. Williams, M. D.
(Address) 1213 Paseo, K.C. Mo.

1213 Paseo