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.

File No. 21711
Registered No. 146

1. PLACE OF DEATH
County: St Louis
Township: Ben Lomme
City: Kirkwood Mo. (No. 226 Grand St. Ward)
Registration District No. 785
Primary Registration District No. 3537

2. FULL NAME: Lum Caldwell
(a) Residence, No. 246 Grand St., 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: Male
4. COLOR OR RACE: Cold
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1872-3-16
7. AGE: Years 62 Months 3 Days 16 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labarer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 10 12
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): Georgia

FATHER
13. NAME: Tom Caldwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga.

MOTHER
15. MAIDEN NAME: Amanda Crosby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga

17. INFORMANT (ADDRESS): Mamie C. Smith Kirkwood Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Father Dickson DATE: July 2nd 34
19. UNDERTAKER (ADDRESS): A. L. Beal Undt Co. 2726 Lucas ave
20. FILED: June 29, 1934 Agnes C. Kelly D.C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/26/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/23/34, 19, to 6/26/34, 19
I last saw him alive on 6/26/34, 19 Death is said to have occurred on the date stated above, at 3:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Paralytic stroke of the	
b Cerebral Hemorrhage	
c	

Other contributory causes of importance: High Blood Pressure

Name of operation: None 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? No Date of injury, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) C. Dayselly, M. D.
(Address) 132 E Kirkwood Ave
Webster Groves Mo

[illegible]

[illegible]

[illegible] Lucas ave
St Louis mo

[illegible]

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