

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

Do not use this space.

25202

**1. PLACE OF DEATH**

County Johnson  
Township Warrensburg  
City Warrensburg (No. ....)

Registration District No. 431  
Primary Registration District No. 3023

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Caudle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1962

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.  
72 1 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer  
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) N. Carolina

FATHER 13. NAME Martin Caudle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Russell Caudle  
Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE July 22, 1934

19. UNDERTAKER (ADDRESS) Sweeney-Phillips  
Warrensburg, Mo.

20. FILED 7/21 1934 Earl Bentley Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1934

22. I HEREBY CERTIFY That I attended deceased from July 18, 1934, to July 20, 1934. I last saw him alive on July 11, 1934. Death is said to have occurred on the date stated above, at 2:58 A.M.

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

Chronic nephritis  
BIC  
512  
131  
130A  
Other contributory causes of importance  
Carcinoma of prostate  
Pyelitis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) R. Lee Cooper, M. D.  
(Address) 315 Christopher's Warrensburg, 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 13 1934

