NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Butler — Registration District No. 980 — File No. 35359

Township Epps — Primary Registration District No. 5-132 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Sophrina Caldwell

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Mat Caldwell~~ M S Caldwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Butler County Missouri

FATHER

13. NAME J.J. Kearbey

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

MOTHER

15. MAIDEN NAME Rebeca Nance

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler County Missouri

17. INFORMANT (ADDRESS) ~~Nat Caldwell~~ M S Caldwell 10 mile west of Poplar Bluff

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Sparkman cemetery DATE Oct. 25, 34

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff, Missouri

20. FILED 10/24, 1934 M S Caldwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-19, 1934, to 10-23, 1934

I last saw her alive on 10-23, 1934. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Lobar Pneumonia — Date of onset ?

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Other contributory causes of importance: None

Name of operation Clinical Symptoms 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? no

If so, specify .....

(Signed) G H S Clay, M. D.

(Address) Poplar Bluff Mo

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.