

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

Do not use this space.

42655

JAN 12 1935

**1. PLACE OF DEATH**

39 County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2901  
5 City Springfield (No. 747) E. Delmar

File No. \_\_\_\_\_  
Registered No. 356  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

W. William Jackson McCauley

(a) Residence, No. 747 E. Delmar St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 0 29

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

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) Abington Va.

13. NAME Ferdinand S. McCauley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Abington Va.

15. MAIDEN NAME Addine Drimsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bristol Va.

17. INFORMANT (ADDRESS) Mrs C. G. [unclear] 1450 [unclear]

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazlewood DATE Dec. 31, 1934

19. UNDERTAKER (ADDRESS) F. C. Thieme Springfield, Mo.

20. FILED 12-31-34 1935 R. W. Langston Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1934, to Dec. 29, 1934  
I last saw him alive on Dec. 28, 1934. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Coronary Thrombosis  
Q4B  
Date of onset 12-26-34

Other contributory causes of importance \_\_\_\_\_

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? \_\_\_\_\_ 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 E. E. Jones, M. D.  
(Signed) \_\_\_\_\_  
(Address) Springfield, 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.

