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.

LEEB 20 1935

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

Do not use this space.

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1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No.
Township Primary Registration District No. 8001 Registered No. 41
City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME Frank L. Caldwell,
(a) Residence, No. St., Ward. Rochester, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 16 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 Della Caldwell,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14th. 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	0	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Hardware
10. Date deceased last worked at this occupation (month and year) January 1961
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helena, Missouri,

FATHER
13. NAME Joseph Caldwell,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio,

MOTHER
15. MAIDEN NAME Minerva Tumbleson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Mrs. F. L. Caldwell Rochester, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rochester, Mo. DATE Jan. 13 1935

19. UNDERTAKER (ADDRESS) Heaton-Bigelow-Bowman 319 So. 10th. St. Funeral Home

20. FILED JAN 10 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany. 8th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1934, to Dec 9/, 1935
I last saw him alive on Dec. 8, 1935. Death is said to have occurred on the date stated above, at 3:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Hypostatic~~ Pneumonia	
Broncho	

Other contributory causes of importance:
Pneumonia of bladder

Name of operation Suprapubic Cystotomy Date of Dec 1/35
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) Charles Greenberg, M. D.
(Address) [illegible] St. Joseph Mo