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

MAR 25 1935

Do not use this space.

5109

41

1. PLACE OF DEATH

County Harrison — Registration District No. 337 — File No.

Township Union — Primary Registration District No. 5472 — Registered No. 4

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

2. FULL NAME Edward F. McCaul

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-18-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	10	21	

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

1

9. BIRTHPLACE (CITY OR TOWN) Eagleville Mo
(STATE OR COUNTRY)

PARENTS

15

10. NAME OF FATHER Peter McCaul

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary McKone

2

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Maine
(STATE OR COUNTRY)

14. INFORMANT Mrs Mary McCaul
(Address) Eagleville Mo

15. FILED 2/9, 1935 Lois Dunn Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1935

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1935, to Feb 7, 1935, that I last saw him alive on Feb 7, 1935, and that death occurred, on the date stated above, at 1:35 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Chest, and Complications of Parenchymatous Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

53

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Ernest L. Good, M.D.

2/9, 1935 (Address) Bethany Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Mary Cemetery Andover Mo	2/10 1935

20. UNDERTAKER	ADDRESS
Frank Y Cranser	Eagleville Mo