

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

Do not use this space.

9612

APR 19 1935

1. PLACE OF DEATH

County..... Johnson
Township..... Montserat
City..... (No..... , St..... Ward)

Registration District No. 429
Primary Registration District No. 6393

File No. 9
Registered No. _____

2. FULL NAME William J. Caldwell

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Blanche Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 8 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
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) Des Moines Iowa

13. NAME A. B. Caldwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Josie

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

17. INFORMANT Blanche Caldwell (ADDRESS) Windsor, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor Mo DATE 3-6-35

19. UNDERTAKER Huston & Turner (ADDRESS) Windsor, Missouri

20. FILED Michs 1935 Jattoch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 184 to March 4 1935

I last saw him alive on Feb-28 1935 Death is said to have occurred on the date stated above, at 4 p.m.

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

Carcinoma of stomach Date of onset 8 mo ago

46

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of Nov-1934
What test confirmed diagnosis? Biopsy 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) R. F. McKinney, M. D.
(Address) Warrensburg, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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220

