

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

Do not use this space.

17783

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... **North St. Louis**
City **St. Louis** (No. **1953**)

File No.....
Registered No. **4093**
St. Ward)

2. FULL NAME

Elder McCaulley
(a) Residence, No. **312 Short St. Poffar Bluff Mo. n.R.**
(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 **male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unknown**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **about 42**
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Porter**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**
13. NAME **unknown**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**
15. MAIDEN NAME **unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT **J. W. Leader**
(ADDRESS) **2825 Lucas**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **City Cemetery** DATE **May 8, 1936**

19. UNDERTAKER **Wreer**
(ADDRESS) **Poffar Bluff Mo**

20. FILED **MAY -6 1936** 19 **J. Bredest**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 2, 1936**
22. I HEREBY CERTIFY, That I attended deceased from, 19..., to, 19...
I last saw him alive on, 19... 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:
Generalized Tuberculosis Peritonitis
Tuberculosis gastrointeritis
Chr. Myocarditis

Other contributory causes of importance:
25

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **L** 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 **L**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Frank P. Furlong** M.D.
(Signed) **Frank P. Furlong**
(Address) **Conant**

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.

WRITE PEANUT, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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