

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

Do not use this space.

42102

JAN 21 1935

1. PLACE OF DEATH

County Saline
 Township Marshall
 City Marshall (No. 662 to Redman)

Registration District No. 796
 Primary Registration District No. 3038

File No.
 Registered No. 181 St. Ward)

2. FULL NAME

(a) Residence, No. 662 to Redman 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eugene Caldwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 27, 1909</u>		
7. AGE <u>26</u>	YEARS <u>1</u>	MONTHS <u>16</u>
		DAYS <u>16</u>
		IF LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Marshall Mo.</u>		
13. NAME <u>Claud Nichols</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Amy Martin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Eugene Caldwell</u> <u>Marshall, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Arrow Rock, Mo.</u> DATE <u>Dec. 16, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Shoemaker</u> <u>Marshall Mo.</u>		
20. FILED <u>Dec. 16, 1935</u> <u>Helvickston</u> <u>Deputy Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935 to Dec 13, 1935

I last saw him alive on Dec 13, 1935 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

ac Pyonephrosis
ac abscess (multiple)

Other contributory causes of importance

chr. Myocarditis

Name of operation None Date of None

What test confirmed diagnosis? Clinical 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) Rossmore, M. D.
 (Address) Marshall 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.

