

FEB 19 1936

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

Do not use this space.

1832

1. PLACE OF BIRTH

County Jasper
Township McDonald
City Nulla (No. _____)

Registration District No. 419
Primary Registration District No. 2273

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Audrey Mae Caldwell

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-20-1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
19 1 -

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.
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) Jasper Co. Missouri

13. NAME Chas. Caldwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Missouri

15. MAIDEN NAME Lizzie Leiman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.

17. INFORMANT Mrs. Roy Benny (ADDRESS) Nulla, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Med. Coll. DATE 1-22-36

19. UNDERTAKER Morris & Leiman (ADDRESS) Millon Mo.

20. FILED Jan 29, 1936 Mrs. W. A. Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-1936

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1935, to Jan 20, 1936

I last saw her alive on 1-20, 1936 Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Pulmonary Tuberculosis
Date of onset 18 mos or two years ago

Other contributory causes of importance:

Name of operation _____ Date of _____
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? _____
If so, specify _____

(Signed) J. K. Gordonnier, M. D.
(Address) Carthage 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.

