

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.

MAY 21 1936

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

Do not use this space.

15742

1. PLACE OF DEATH

County JEFFERSON
Township MERAMEC
City (No.) (No.) St. Ward

Registration District No. 425
Primary Registration District No. 5580

File No. 10 94
Registered No. 94
St. Ward

2. FULL NAME CHARLES CAFFEY

(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 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JAN-1-1859</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FARMER</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>JEFFERSON CO. MO</u>		
MOTHER	13. NAME <u>PETER CAFFEY</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IRELAND</u>	
	15. MAIDEN NAME <u>M-HOONAN</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IRELAND</u>		
17. INFORMANT <u>Charles O'Connor</u> (ADDRESS) <u>Paris, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ST. PATRICK</u> DATE <u>4-30</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>J. Schue</u> <u>Galena, Mo.</u>		
20. FILED <u>4/29</u> 19 <u>36</u> <u>James A. Towse</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb-20 1936 to Apr-27 1936
I last saw him alive on Apr. 27 1936 Death is said to have occurred on the date stated above, at 6.00 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 Jesse S. Sargent M. D.
(Signed) Jesse S. Sargent (Address) Earle No 11503

