

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.

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

Do not use this space.

30240

SEP 21 1936

1. PLACE OF DEATH

County Cedar
Township Box
City _____ (No. _____)

Registration District No. 163
Primary Registration District No. 5228

File No. _____
Registered No. 46 Ward _____

2. FULL NAME Martha A 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND'S (OR) WIFE OF R.P. Caldwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Missouri

FATHER 13. NAME William Stark

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

MOTHER 15. MAIDEN NAME Lorinda Fisher

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

17. INFORMANT Mrs. Geo Darnell
(ADDRESS) Eldorado Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazel Dell DATE 8/31/1936

19. UNDERTAKER Gwinn-Siders
(ADDRESS) Eldorado Springs, Mo.

20. FILED 8/31/1936 J.W. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936, to Aug. 29, 1936.
I last saw her alive on August 22, 1936. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:
Chronic Valvular Sept
Heart Disease. Date of onset 1935

Other contributory causes of importance: None
Name of operation None Date of _____
What test confirmed diagnosis? None 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) J. R. Williams, M. D.
(Address) Eldorado Springs, Mo.

