NOV 23 1936

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

Do not use this space.

34037

1. PLACE OF DEATH
County: Dunklin — Registration District No.: 283 — File No.:
Township: Buffalo — Primary Registration District No.: 5402 — Registered No.:
City: Cardwell (No. St. Ward)

2. FULL NAME: Mrs. Elizabeth Bell Caudle

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. S. Caudle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 5, 1861

7. AGE: Years 74 — Months 11 — Days 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: wife of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Ills.

FATHER
13. NAME: ~~John Patterson~~ Josh Patterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lebanon Tennessee

MOTHER
15. MAIDEN NAME: Frueda Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lebanon Tenn.

17. INFORMANT (ADDRESS): W. S. Caudle Cardwell, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Friendship DATE: 9-8 1936

19. UNDERTAKER (ADDRESS): Randal Mitchell Paragould, Ark.

20. FILED 11-4 1936 E. B. Newsom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1936, to 9-7, 1936
I last saw h. alive on 9-7, 1936. Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:
Senility

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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) Wallace D. English, M. D.
(Address) Cardwell, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

103M-11-24-33