

JAN 2 1937

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

Do not use this space.

1. PLACE OF DEATH

County  
Township  
City

Pease Seat,  
Little Prairie  
No

Registration District No.  
Primary Registration District No.

661  
0-862

File No.  
Registered No.

45699  
151

St. Ward)

2. FULL NAME

(a) Residence, No.  
(Usual place of abode)

St.

Ward.

(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

male

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)

11-14-1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

1

1

23

OCCUPATION

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)

MO

13. NAME

Huston Kaldman

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

Ky

15. MAIDEN NAME

Estie Vance

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

Mo

17. INFORMANT (ADDRESS)

Huston Kaldman

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Maple Grove, Mo. DATE 12-28-36

19. UNDERTAKER (ADDRESS)

W. Smith

20. FILED

Dec. 31, 1936 Ceda Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

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

12-27-1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 22, 1936 to Dec. 27, 1936

I last saw him alive on Dec. 27, 1936. Death is said

to have occurred on the date stated above, at 3:00 a.m.

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

Broncho pneumonia (Primary)

Date of case 12-21-36

Other contributory causes of importance:

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)

J. R. Pinner

M. D.

(Address)

Cynthiansville, 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.

