

MAR 24 1937

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

Do not use this space.

82. PLACE OF DEATH *Pike*
 County *Franklin* Registration District No. *686*
 Township *Sumner* Primary Registration District No. *4418*
 City *Curryville* (No. *3*) St. *4* Ward *4*

1. FULL NAME *Isabell Shottwell Caldwell*
 (a) Residence, No. *3* St. *4* Ward *4*
 (Usual place of abode)
 Length of residence in city or town where death occurred *3* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James H. Caldwell (Deed)*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 6 - 1849*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
*87 6 8*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

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) *near Frankford Ky.*13. NAME *Jasper Shottwell*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*15. MAIDEN NAME *Ann McMillian*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*17. INFORMANT (ADDRESS) *Mrs Nell Biggs Curryville mo*18. BURIAL, CREMATION, OR REMOVAL PLACE *Curryville* DATE *Feb 16* 19*37*19. UNDERTAKER (ADDRESS) *W. B. E. Long Bowling Green mo*20. FILED *2-16* *Dr. Mrs Gene Hendrick Registrar*21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 14* 19*37*22. I HEREBY CERTIFY, that I attended deceased from *Aug 10* 19*36* to *Feb 13* 19*37*I last saw *her* alive on *Feb 13* 19*37*. Death is said to have occurred on the date stated above, at *6-30* a.m.

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

Carcinoma right mammary gland

Date of onset

Other contributory causes of importance:

Name of operation *60* Date of *60*

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*37*

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. B. Shottwell* M. D.
(Address) *Curryville mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

