

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Calloway Registration District No. 104 File No. 11367
Township _____ Primary Registration District No. 3008 Registered No. 62
City Fulton, Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Caldwell, Albert L.
(a) Residence, No. Wyconda, Mo St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 1/2 yrs. 5 mos. 24 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 DK. DK.

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

MOTHER / FATHER 13. NAME DK.

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

15. MAIDEN NAME DK.

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

17. INFORMANT (ADDRESS) State Hosp. Records Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Anatomical Board Columbia, Mo DATE DK.

19. UNDERTAKER (ADDRESS) J. B. Roberts Columbia, Mo

20. FILED Mar 6, 1937 R. W. Crews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936, to March 5, 1937
I last saw h. i. in alive on March 5, 1937. Death is said to have occurred on the date stated above, at 12 45 p. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis and Myocardial Degeneration DK.
Other contributory causes of importance:
2) Senility ABC
Date of onset _____

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? none Date of injury _____, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) F. A. Barnett, M. D.
(Address) Fulton, 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.

