

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.

APR 16 1937

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

Do not use this space.

11555

1. PLACE OF DEATH

County Cedar  
Township Jefferson  
City Jeffersonville, Mo. (No. ....)

Registration District No. 163  
Primary Registration District No. 2230

File No. Mar 30 1937  
Registered No. 10 St. .... Ward)

2. FULL NAME

David C. Caddell

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

St. .... Ward.

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Caddell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1863  
7. AGE YEARS 73 MONTHS 9 DAYS 1 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
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) Livingston Co Mo (STATE OR COUNTRY)

13. NAME David C. Caddell

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

15. MAIDEN NAME Lucinda Gann

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

17. INFORMANT Emma Caddell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Union DATE Mar 17 1937

19. UNDERTAKER H. P. Davis & Co (ADDRESS) Stockton Mo

20. FILED Mar 30 1937 Mrs R. G. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Mar 13, 1937

I last saw him alive on Mar 10, 1937. Death is said to have occurred on the date stated above, at 4 a. m.

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

Chronic Brights disease

Date of onset

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?.....  
If so, specify.....

(Signed) H. A. Simrell, M. D.  
(Address) Stockton Mo

