MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 15813
Township Washington — Primary Registration District No. 1001 — Registered No. 518
City Saint Joseph (No. 2316 Sylvanie St. Ward)

2. FULL NAME Mrs. Sarah E. Caldwell
(a) Residence, No. 2316 Sylvanie St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James C. Caldwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6, 1859

7. AGE: YEARS 78 — MONTHS 3 — DAYS 22 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) UNKNOWN, Texas

FATHER
13. NAME Samuel McFarland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, Pennsylvania

MOTHER
15. MAIDEN NAME Nancy Homors
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, UNKNOWN

17. INFORMANT (ADDRESS) Fred A. McFarland, Omaha, Nebr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah, Mo. DATE April 30, 1937

19. UNDERTAKER (ADDRESS) E. R. SIDENFADEN FUNERAL HOME 602 South 10th Street

20. FILED 4-30 1937 H. J. Nestlebush By JC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1936, to April 28, 1937
I last saw her alive on April 28, 1937. Death is said to have occurred on the date stated above, at 10:30A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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. F. Owens, M. D.
(Address) St. Joseph, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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