

JUL 31 1937

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

Do not use this space.

24568

1. PLACE OF DEATH

County Polk Registration District No. 668
Township Sedalia Primary Registration District No. 5889
City Georgetown (No. _____) St. _____ Ward _____

File No. 188
Registered No. 668

2. FULL NAME

Thomas Bruce Caldwell

(a) Residence, No. Georgetown mo St. _____ Ward _____
(Usual place of abode) (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 M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Georgetown mo (STATE OR COUNTRY)

MOTHER 13. NAME Arlanda Caldwell

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

15. MAIDEN NAME Lena Muse

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

17. INFORMANT Lena Muse (ADDRESS) Georgetown mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Georgetown mo DATE June 11 1937

19. UNDERTAKER F. D. Ferguson (ADDRESS) Sedalia mo

20. FILED June 11 1937 Frank Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1937, to 6/9, 1937

I last saw him alive on 6/7, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Date of onset _____

Other contributory causes of importance: 63

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) J. W. Ferguson, M. D.
(Address) Sedalia mo

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township Sedalia Primary Registration District No. 2889
 City Sedalia (No. _____ St. _____ Ward _____)

2. FULL NAME

Thomas Caldwell

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE Col 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7 30

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED 6-11 1937 Jean Slack Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at _____ m.

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

Complications due to
rickets

Date of onset

Other contributory causes of importance:

63

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) W. G. Dancy, M. D.

(Address) Sedalia Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

EXACT STATEMENT OF OCCURRENCE OF PROPERTY CLASSIFIED - EXACT STATEMENT OF OCCURRENCE OF PROPERTY CLASSIFIED - EXACT STATEMENT OF OCCURRENCE OF PROPERTY CLASSIFIED

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