

SEP 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County BallingerRegistration District No. 67Township LibertyPrimary Registration District No. 5104City Dongola(No. 1)St. Mo.Ward 1

2. FULL NAME

Calvin Columbus Waldrup(a) Residence, No. 1St. Mo.Ward. 1

(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

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Martha Waldrup

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

Oct 12, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

7994

OCCUPATION

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

Fanner

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)

Ballinger Co.

FATHER

13. NAME

Thomas Waldrup

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

Tenn.

MOTHER

15. MAIDEN NAME

Win Crater

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

Tenn.

17. INFORMANT (ADDRESS)

Mr. Martha Waldrup

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Dongola, Mo.

DATE

Aug 17th37

19. UNDERTAKER (ADDRESS)

Andrew J. Baker

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 16 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

Aug 8, 1937, to Aug 16, 1937I last saw him alive on Aug 8, 1937. Death is saidto have occurred on the date stated above, at 4:15 p.m.

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

Senility

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? inspection 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. E. Lewis

M. D.

(Address)

Advocate, 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.

1. The first part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1877. The letter is signed by Rutherford B. Hayes and is addressed to Charles Schreyer, President of the Senate. The letter is a copy of the original letter and is not a reproduction of the original letter. The letter is a copy of the original letter and is not a reproduction of the original letter.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

30071

Do not use this space.

1. PLACE OF DEATH

(a) County Bollinger Registration District No. 67
(b) Township Liberty Primary Registration District No. 3104 Registered No. _____
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1858

7. AGE YEARS 79 MONTHS 9 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Bollinger (STATE OR COUNTRY) Mo

FATHER 13. NAME Thomas Waldrop

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

MOTHER 15. MAIDEN NAME Douche

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

17. INFORMANT (ADDRESS) Mrs Martha Waldrop
Douche

18. BURIAL, CREMATION, OR REMOVAL PLACE Douche DATE Aug 12, 1937

19. FUNERAL DIRECTOR (ADDRESS) Andrew Baker
Lutesville

20. FILED 10-27- 1937 Mrs C. A. Taylor
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1937 to Aug 16, 1937
I last saw him alive on Aug 8, 1937. Death is said to have occurred on the date stated above, at 4:15 p.m. -
The principal cause of death and related causes of importance were as follows:
Senility

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Inspection 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) C. E. Lewis, M. D.
(Address) Advance mo

Dr. M. V. A. Reynolds

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

S-30071