REC'D MAR 25 1938

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

Do not use this space.

File No. 8359

Registered No.

1. PLACE OF DEATH
County Sullivan 2 Registration District No. 1
Township Bogman Primary Registration District No. 8 51 6119 B
City Milan (No. , St. Ward)

2. FULL NAME George Albert Caldwell 434

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1881

7. AGE: Years 56 Months 5 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Oct. 1937
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan Sullivan O

FATHER
13. NAME Robert Caldwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME Rowena Ross 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Eva Price
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shatto DATE Jan 5 1938

19. UNDERTAKER Riggin & Son
(ADDRESS)

20. FILED Feb 7th 1938 Cordelia Shores
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 1938

22. I HEREBY CERTIFY That I attended deceased from Dec. 21, 1937, to Jan. 8, 1938
I last saw him alive on Jan. 2, 1938. Death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance were as follows:

Cardio renal disease — Date of onset not known

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) J. S. Montgomery, M. D.
(Address) Milan Mo.

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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.

WHEN FILLING IN THIS BLANK, WRITE THIS IS A PERMANENT RECORD