REC'D APR 15 1938

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

Do not use this space.

10010

1. PLACE OF DEATH
County Anchorage 2 Registration District No. 912 File No.
Township Primary Registration District No. 4550 Registered No. 9
City Vandalia (No. St. Ward)

2. FULL NAME Samuel K. Caldwell 434

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 28 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 MARY K. CALDWELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 1, 1852

7. AGE YEARS 85 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETIRED
10. Date deceased last worked at this occupation (month and year) MARCH 1910
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME ROBERT B. CALDWELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
15. MAIDEN NAME MARY SPLAWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) C. R. CALDWELL. VANDALIA. MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE VANDALIA DATE MACH 4, 1938

19. UNDERTAKER (ADDRESS) W. S. Waters

20. FILED 3/12 1938 Vandalia Mo Carrie F. Wheeler Registrar. 27

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 21, 1938, to March 2, 1938
I last saw him alive on March 2, 1938. 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:

	Date of onset
Broncho Pneumonia	
11 a.	

Other contributory causes of importance:
Flu —

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. W. Bland, M. D.
(Address) Vandalia Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 1 50M-1-22-36 I X9314