

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.

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

11178  
Do not use this space.

DEC'D APR 20 1938

1. PLACE OF DEATH

(a) County Johnson Registration District No. 427  
 (b) Township Madison Primary Registration District No. 4253 Registered No. 13  
 (c) City Holden (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Miller Mc Caslin 224

(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie Mc Caslin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1865  
 7. AGE YEARS 72 MONTHS 4 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1938

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937, to March 11, 1938  
 I last saw him alive on March 11, 1938. Death is said to have occurred on the date stated above, at 11:15 A.

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

Uremic Poisoning

Date of onset 3/7/38

Other contributory causes of importance:

Cardiac Decompensation  
Chronic Nephritis  
Generalized Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Kelly Rawlins, M. D.

12. BIRTHPLACE (CITY OR TOWN) Polk County  
 (STATE OR COUNTRY) Missouri

13. NAME Mathew Mc Caslin

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

15. MAIDEN NAME Ellen Deaton

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

17. INFORMANT Mrs J. M. Mc Caslin  
 (ADDRESS) Holden Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Gilbert Cemetery DATE March 13, 1938

19. FUNERAL DIRECTOR T. W. Goodman  
 (ADDRESS) Holden, Missouri

20. FILED March 12, 1938 Mr. S. V. Redford  
 Local Registrar.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**