

REV. JUL 12 1938

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

19968
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 791
(b) Township St. Louis, Mo. Primary Registration District No. 1003 Registered No. 5107
(c) City St. Louis, Mo. (d) Street No. Jewish Hospital 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. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otis T. Caywood 300

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

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 Maude E. Caywood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25/1871

7. AGE YEARS 66 MONTHS 10 DAYS 7 If LESS than 1 day, hrs. or min.

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

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) 1938 11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Indiana

13. NAME John Caywood 9 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Unk. 1 11 8

15. MAIDEN NAME Martha Saunders

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

17. INFORMANT (ADDRESS) Mrs. Maude E. Caywood Murphysboro, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Murphysboro, Ill. DATE June 6/1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc. 429 N. Euclid Ave.

20. FILED J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2/1938

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1938, to June 2, 1938

I last saw him alive on June 2, 1938. Death is said to have occurred on the date stated above, at about 6:30 p.m.

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

Pylorospasm. Date of onset

Pulmonary Embolism, Post Operative May 30

(Operated for suspected cancer which was not found.)

Other contributory causes of importance:

(No appendicitis)

Exploratory Laparotomy

Name of operation Appendectomy Date of May 28

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No.

If so, specify _____

(Signed) CL. Keys M. D. (Address) 400 Metropolitan Building

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

J. J. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.