

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

Do not use this space.

26165

REC'D AUG 26 1938

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 2032
 City Sedalia (No. Bothwell Hospital) St. _____ Ward _____

File No. 208
 Registered No. 668

2. FULL NAME

Solomon Rufus Caywood 300
 (a) Residence, No. Sedalia, Mo. R-1. 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, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
68 4 20

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.
 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) Missouri

FATHER 13. NAME Steven H. Caywood

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

MOTHER 15. MAIDEN NAME Susan Grey

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

17. INFORMANT (ADDRESS) Mrs. Solomon R. Caywood
Sedalia, Mo. R-1.

18. BURIAL, CREMATION, OR REMOVAL PLACE McGee Chapel DATE July 8/38

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

20. FILED 7-9- 19. 38 Joan Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 6 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10 1938 to July 6 1938
 I last saw him alive on July 6 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Cardiac decompensation with edema
Chronic myocarditis
 Date of onset _____
 Other contributory causes of importance: Chronic nephritis
hypertension

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 C. Gordon Stauffche M. D.
 (Signed) _____

(Address) Sedalia Missouri

NOTE: 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.

