

RECEIVED FEB 6 1937

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

Do not use this space.

1. PLACE OF DEATH  
County Madison Registration District No. 6-3-6101 File No. 4106  
Township Walden Primary Registration District No. 43-6-7 Registered No.  
City (No. ) St. Ward

2. FULL NAME H. S. Caldwell  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Still Born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

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) Morehouse, Mo.

FATHER  
13. NAME Charles Caldwell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genoa, Mo. Madison Co. Mo.

MOTHER  
15. MAIDEN NAME Flora Stearns  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genoa, Mo. Madison Co.

17. INFORMANT (ADDRESS) Chas. Caldwell, Morehouse, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Big Rock Cem. DATE 2-7-37

19. UNDERTAKER (ADDRESS) "Home made box" Genoa, Mo.

20. FILED 19 Jan. Carrish Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19. I last saw him alive on 19. Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: Premature birth Date of onset

Other contributory causes of importance: None that I know.

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 J. P. Brandant, M. D. (Signed) J. P. Brandant (Address) 2225 N. 1st St. St. Louis, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sign.

State of Illinois  
Department of Public Safety  
Chicago, Illinois

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

4106  
Do not use this space.

1. PLACE OF DEATH  
(a) County Stoddard Registration District No. 839  
(b) Township Pickland Primary Registration District No. 6101 Registered No. 8  
(c) City ..... (d) Street No. .... 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Caldwell  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 2 1939

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

22. I HEREBY CERTIFY, That I attended deceased from .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 - 2 - 39

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m. The principal cause of death and related causes of importance were as follows:

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

Preterm Birth Date of onset

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

Other contributory causes of importance:  
None that I know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

FATHER 13. NAME Chas Caldwell

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

MOTHER 15. MAIDEN NAME Flora Stevens

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

17. INFORMANT (ADDRESS) Chas Caldwell  
warehouse no

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Ridge Cem DATE 2 - 2 1939

19. FUNERAL DIRECTOR (ADDRESS) Home made boy

20. FILED 4-5 1939 J.P. Brandon  
Local Registrar

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.P. Brandon, M. D.

(Address) ....., Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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.

TEMPORARILY UNAVAILABLE

S-4106