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.

REC'D MAY 18 1939

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

Do not use this space.

1. PLACE OF DEATH

County Ripley Co. Registration District No. 755 File No. 15917

Township Gatewood Primary Registration District No. 6245 Registered No. 1594

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME 434 Henry Edward Caldwell

(a) Residence, No. Gatewood, Mo. 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, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4, 1895

7. AGE: 43 YEARS, MONTHS: 9, DAYS: 20, 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. .....
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): Oregon County, Mo.

FATHER

13. NAME: Sam P. Caldwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaska County, Mo.

MOTHER

15. MAIDEN NAME: Margie Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaska County, Mo.

17. INFORMANT (ADDRESS): Angy Caldwell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smith cemetery DATE April 25, 1939

19. UNDERTAKER (ADDRESS): Black's Mortuary Doniphan, Mo.

20. FILED April 25 1939 E. B. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1939, to April 24, 1939

I last saw him alive on April 21, 1939. Death is said to have occurred on the date stated above, at 8 a.m.

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

Cirrosis of Liver and Aortic Regurgitation with generalized dropsy

Date of onset

Other contributory causes of importance:

Syphilis 34

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. 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) J. E. Williams, M. D.

(Address) Doniphan Mo