

DEC 4 AUG 7

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

25349

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cedar Registration District No. 165  
 (b) Township Washington Primary Registration District No. 5-234  
 (c) City Stockton (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 434 Sarrah Frances 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William David Caldwell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1863  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 1 12

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

12. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

13. NAME Samuel R. Griffeth

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

15. MAIDEN NAME Mary J. Newell

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

17. INFORMANT Ona Johnson (ADDRESS) Caplinger Mills

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Caplinger Mill DATE July 4, 1939

19. FUNERAL DIRECTOR (NAME) W. C. DAVIS & CO. (ADDRESS) Stockton

20. FILED July 12, 1939 Mrs. Minnie Cashen Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1939, to June 26, 1939

I last saw her alive on June 26, 1939 Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Hypertension  
Chronic nephritis

Date of onset

7

Other contributory causes of importance:

None

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 \_\_\_\_\_, 1939

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) Bernard C. Adler, M. D.

(Address) Stockton, Mo.

**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.....

*Not Embalmed*

Licensed Embalmer No.....

P. O. Address.....

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

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