

NOV 24 1939 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Stamp -  
36868  
Do not use this space.

1. PLACE OF DEATH  
(a) County Pettis Registration District No. 668  
(b) Township Sedalia Primary Registration District No. 8032  
(c) City Sedalia (d) Street No. 1811 East 4th. Registered No. 294  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME Virginia Atwood Caldwell  
(a) Residence, No. 521 West 20th. St.  (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 Female 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 G.R. Caldwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1871

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>68</u>	<u>8</u>	<u>7</u>	

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

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) Knobnoster  
(STATE OR COUNTRY) Missouri

FATHER

13. NAME E. T. Bagby

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

MOTHER

15. MAIDEN NAME Sarah E. Phillips

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

17. INFORMANT Mrs. R. J. Wayman  
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Point DATE Oct. 16, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home  
(ADDRESS) Sedalia, Mo.

20. FILED 10-16- 1939 Mrs. Harry Sneed  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1939, to Oct 14, 1939  
I last saw her alive on Oct 14, 1939 Death is said to have occurred on the date stated above, at 10:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral haemorrhage  
Atherosclerosis  
Chronic myocarditis  
Chronic nephritis

Other contributory causes of importance:  
131

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? no  
If so, specify.....  
(Signed) Robert Lawfield, M. D.  
(Address) Sedalia Mo

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.

RECEIVED

District Health Officer No. 8,

District File Number

11/7/39

Date Filed

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, .....

*Geo. Dillard*

or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Geo. Dillard*

Licensed Embalmer No. *3868*

P. O. Address *Seaside, Mo*

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.