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

DEC 13 1939

39180
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway
(b) Township or (c) City Fulton
Registration District No. 104
Primary Registration District No. 3008
Registered No. 311
(d) Street No. State Hospital # 1 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.
U.S.A.

2. PRINT FULL NAME Vera Caldwell
(a) Residence, No. Curryville Mo. 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 Joseph H. Caldwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1905

7. AGE: Years 34 | Months 2 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Home
10. Date deceased last worked at this occupation (month and year) D.K.
11. Total time (years) spent in this occupation D.K.

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

FATHER
13. NAME Ferris Kofancy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria

MOTHER
15. MAIDEN NAME Lucy Kilgonoly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Curryville Mo DATE Nov 28 1939

19. FUNERAL DIRECTOR (NAME) W. B. E. Moore
(ADDRESS) Bowling Green Mo

20. FILED 11/26 1939 R. N. Crews
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1939, to Nov. 26, 1939
I last saw her alive on Nov. 26, 1939. Death is said to have occurred on the date stated above, at 5:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Addison's Disease	D.K.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical course. 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) Forest Thomas, M. D.
(Address) State Hospital No 1

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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