FILED MAR 7 - 1940

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

7416
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi 2 Registration District No. 566
(b) Township ~~Tywappity~~ 1 Primary Registration District No. 3030 Registered No. 14
or
(c) City Charleston (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.

434

2. PRINT FULL NAME Sarah Elizabeth Caldwell
(a) Residence, No. 310 W Cypress 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: Fem
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1862

7. AGE: Years 77 | Months 8 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) (STATE OR COUNTRY) Frys Point Mississippi 1

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 1

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1

17. INFORMANT (ADDRESS) Lucille Johnson 310 W Cy- Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Dec 10-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul Hackney Charleston Missouri

20. FILED Jan 2 — 1940 J D Vernon 745
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7-39 5P, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1939, to Dec 7, 1939
I last saw her alive on Dec 6, 1939. Death is said to have occurred on the date stated above, at 5P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupt. appendix	12/3/39
general peritonitis	

Other contributory causes of importance: 121

Name of operation none (refused) Date of —
What test confirmed diagnosis? cl. sympt. 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) E. Chas Kolwing, M. D.
(Address) Charleston Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

RECEIVED
District Health Officer No. 2
District File Number 340 - 6
Date Filed 3/5/40

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

Signed Paul Hackney

Licensed Embalmer No. 3598

P. O. Address Charleston. Mo.

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

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