

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

26480
Do not use this space. 112

FILED AUG 16 1941

1. PLACE OF DEATH

(a) County Webster Registration District No. 900

(b) Township Union Primary Registration District No. 6208 Registered No. 0

(c) City _____ or _____ (d) Street No. _____
(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 Thomas Jefferson Caffey

(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 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 Rebecca

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 10 -

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>7</u>	<u>20</u>	

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

9. Industry or business in which work was done, as saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Webster Co., Mo.
(STATE OR COUNTRY)

FATHER

13. NAME Edward Jasper Caffey

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Bob Caffey
(ADDRESS) Marshfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Happy Home DATE June 1, 1941

19. FUNERAL DIRECTOR (NAME) W. L. Loring
(ADDRESS) Marshfield, Mo.

20. FILED June 9, 1941 Hollie Schlicht
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1941, to May 30, 1941

I last saw him alive on May 30, 1941 Death is said to have occurred on the date stated above, at P.M.

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

Date of onset

Hemorrhage of Brain

Other contributory causes of importance: Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. W. Guideray, M. D.
(Address) Courway

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.

WHILE PLAINLY, WITH UNPAID INK—THIS IS A PERMANENT RECORD

I X 16603

RECEIVED

District Health Officer No. 6,

District File Number 841-1382

Date Filed AUG 13 1941

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 *Lee Quincy*

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.

STANDARD CERTIFICATE OF DEATH

State File No. 26480

Registration District No. 900

Primary Registration District No. 6208

Registrar's No.

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Union
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Thomas J. Caffrey

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. Years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) June 9 41 (b) Haller Schlick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Marshfield
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1941 May 11
year. hour. minute. M.

21. I hereby certify that I attended the deceased from 1941 to 1941

that I first saw him alive on 1941 and that death occurred on the date and hour stated above. Immediate cause of death.

Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTARY

[The page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is too light to transcribe accurately.]