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

Do not use this space.

C.F.

File No. 13171

Registered No. [illegible]

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township — Primary Registration District No. 1002

City Kansas City (No. 3818 Highland St., Ward)

2. FULL NAME John A. Caldwell

(a) Residence, No. 3818 Highland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF ~~XXXXX~~ Emma Caldwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
54	5	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, 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) Tippecanoe Ohio

FATHER

13. NAME Robert Caldwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humansville, Mo.

MOTHER

15. MAIDEN NAME Flora Atkinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

17. INFORMANT (ADDRESS) Mrs. C. G. Renier 3818 Highland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE May 3, 1933

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn Ave

20. FILED 5/1, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

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

Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed) ..., M.D.

(Address)

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.

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