

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Frankfort
City Near Clinton

Registration District No. 351
Primary Registration District No. 3492

File No. 16491
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Forest James Caldwell

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1889
7. AGE YEARS 44 MONTHS 6 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Sedalia, Mo
13. NAME John Caldwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
15. MAIDEN NAME Jane Rainey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs Nora Caldwell
Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton DATE 5/7 1934

19. UNDERTAKER (ADDRESS) Spore & Son
Clinton Mo

20. FILED 5-4 1934 J. J. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4 1934
22. I HEREBY CERTIFY, That I attended deceased from 4-29 1934 to 5-4 1934
I last saw him alive on May 4 1934 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Bronchus Pneumonia Date of onset _____
101A
197A
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) J. J. Russell M. D.
(Address) Clinton, Mo

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.

JUN 21 1934

Mail to

J J Russell

W. A. Spruill