

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

Do not use this space.

42480

1. PLACE OF DEATH JAN 30 1935

County DeKalb Co  
Township Washington  
City Chickasha (No. .... St. .... Ward)

Registration District No. 258  
Primary Registration District No. 5380 A

File No. 13  
Registered No. ....

2. FULL NAME Theodore Franklin Caldwell

(a) Residence, No. Country St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 26 ds. How long in U. S., if of foreign birth? 30 yrs. 8 mos. 26 ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
30 8 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
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, months, and days) spent in this occupation 2 1/2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granger County Moersburg Tenn.

FATHER 13. NAME James S. Caldwell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawkins County Moersburg Tenn.

MOTHER 15. MAIDEN NAME Annetta M. Bassett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granger County Moersburg Tenn.

17. INFORMANT (ADDRESS) James S. Caldwell Chickasha Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Chickasha Okla DATE Dec 28 1934

19. UNDERTAKER (ADDRESS) F. L. ... Chickasha Mo

20. FILED Dec 28 1934 Mrs C A Davis

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1934 to Dec 26 1934  
I last saw him alive on Dec 26 1934 Death is said to have occurred on the date stated above, at 10:45 m.  
The principal cause of death and related causes of importance were as follows:

Date of onset 12 15 1933  
Double Lobar Pneumonia  
Bacillary Dysentery 3 yrs ago approx  
Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Lab 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) Walter Reynolds  
(Address) Mayville Mo.

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.

