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.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18356

Township ..... Primary Registration District No. 1003 Registered No. 4932

City City Hosp #1 (No. Sr Lou 1 St. ..... Ward)

C1377

2. FULL NAME Harry Caldwell

(a) Residence, No. 1521 E Grand St. Ward 9
(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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1869

7. AGE 135

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	1	27	

OCCUPATION

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

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) Austria

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hosp Inf Mkt

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE 5/17/37, 19

19. UNDERTAKER (ADDRESS) Edith E. Ambrister 4234 Manchester

20. FILED MAY 15 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/14/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1937 to 5/14/37, 19

I last saw him alive on 5/14, 1937 Death is said to have occurred on the date stated above, at 9 55 m.

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

Degenerative heart disease

Date of onset

Other contributory causes of importance: 93 C

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Geo J Seibold, M. D.

(Address) City Hosp #1