

REC'D OCT 12 1939

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

32005  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Caldwell Registration District No. 101  
 (b) Township Mirabelle Primary Registration District No. 5149 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jaura Caldwell  
 (a) Residence, No. \_\_\_\_\_ County Farm St. \_\_\_\_\_ (Usual place of abode, if not in Missouri, give county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF David Caldwell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4 - 1866  
 7. AGE YEARS 76 MONTHS 6 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri  
 FATHER 13. NAME Hugh Tolson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri  
 MOTHER 15. MAIDEN NAME Jaura Tolson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri  
 17. INFORMANT (ADDRESS) Hugh A. Caldwell, 2101 Sprigg Ave., St. Joseph, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ridder Cemetery, Mo. 40  
 19. FUNERAL DIRECTOR (ADDRESS) H. F. Sawyer, 2111 N. 1st St., St. Joseph, Mo.  
 20. FILED May 7 1939 Miss Ora Sloan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 2.27, 1939, to 3.2, 1939  
 last saw him alive on 3.2, 1939. Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 2.27.39  
 Other contributory causes of importance: Influenza 2.2.39  
 Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) C. H. Wilson, M. D.  
 (Address) Palo 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.

STATEMENT BY LICENSED EMBALMER

I, H. F. Paullee, Licensed Embalmer No. 1804  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by No Embalming  
Done L. E. County Patient  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed H. F. Paullee  
Licensed Embalmer No. \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)



S-32005