

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.

DEC 5 1936

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

Do not use this space.

38414

1. PLACE OF DEATH

County Monteale
Township Great Grove
City Lecton

Registration District No. 577
Primary Registration District No. 5778

File No.
Registered No. 14 St. Ward)

2. FULL NAME

Carlo Bianca Caffel St. Ward.

(a) Residence, No. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Caffel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 17, 1957</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>8</u>
	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>7/1/1936</u>	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteale County Mo</u>	
	13. NAME <u>Phillip Caffel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Matilda Berger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	17. INFORMANT (ADDRESS) <u>Wm Caffel, Pro</u> <u>Lecton</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Grove</u> DATE <u>Oct 13 1936</u>	
	19. UNDERTAKER (ADDRESS) <u>Wm Tidwell, Pro</u> <u>Versailles Mo</u>	
	20. FILED <u>10-29 1936</u> <u>Matilda Robertoau</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12 193622. I HEREBY CERTIFY, That I attended deceased from Dec 10 1935 to Oct 12 1936I last saw him alive on Oct 5 1936 Death is said to have occurred on the date stated above, at 9:10 m.

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

Chronic Prostatitis and cystitis. Date of onset

Chronic Nephritis.
Cause unknown.

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 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 L. P. Rathau M. D.
(Signed) L. P. Rathau
(Address) California Mo

