

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

PLACE OF DEATH

County Scotland
Township Harrison
or
Village L
or
City L (NO. _____) St.: _____ Ward _____

Registration District No. 809 File No. 22501
Primary Registration District No. 6654 Registered No. 9

-(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Calvin Carder Creason

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) 1 11

DATE OF BIRTH May 21, 1908
(Month) (Day) (Year)

AGE 2 yrs. 2 mos. 2 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE Scotland Co Mo
(City or town, State or foreign country) Country

NAME OF FATHER Willie Creason

BIRTHPLACE OF FATHER Mo
(City or town, State or foreign country) Shelby county

MAIDEN NAME OF MOTHER Maggie Stephenson

BIRTHPLACE OF MOTHER Mo
(City or town, State or foreign country) Scotland county

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed 7/25 1910 J. H. Adams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 7th, 1910, to July 23rd, 1910, that I last saw him alive on July 23, 1910, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:
Ileo-Colitis Acute
12

(Duration) _____ yrs. _____ mos. 16 ds.

Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) F. M. Johnson M. D. July 24, 1910 (Address) Gorine Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Gorine DATE OF BURIAL July 25, 1910

UNDERTAKER Fray Longels ADDRESS Gorine

A RETURN TO VERY IMPORTANT

