STATE OF ~~ILLINOIS~~ Mo
Department of Public Health - Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

ORIGINAL 21123

Registered No. 11

Registration Dist. No. 550
Primary Dist. No. 5743

1. PLACE OF DEATH

County Marion

Township or ~~Road Dist.~~ Fabius or

Incorp. Town or Village ..... or

City ..... No. ..... St.; ..... Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Richard Reynolds Calhoun

(a) Residence. No. ....., ... St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH: Aug (Month) 14 (Day), 1921 (Year)

7. AGE: Years | Months | Days 5 | If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 159
(b) General nature of industry, business, or establishment in which employed (or employer) 158
(c) Name of employer

9. BIRTHPLACE (city or town) Taylor Mo
(State or Country)

PARENTS

10. NAME OF FATHER John T. Calhoun

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) New London Iowa

12. MAIDEN NAME OF MOTHER Irene Slater

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Canton Mo

14. INFORMANT John T. Calhoun
Address Taylor, Mo.

15. Filed Aug 26 1921 J. B. McPike Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August (Month) 19th (Day), 1921 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1921, to Aug 19, 1921, that I last saw him alive on Aug 17, 1921, and that death occurred, on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows
Congenital Debility — Premature birth, cause unknown.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED if not at place of death? Marion Co Mo

Did an operation precede death? no Date of Aug 19 1921

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Paul McReynolds, M. D.

Address Quincy, Ill.

Date Aug 22, 1921 Telephone 86

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL

19. PLACE OF BURIAL OR REMOVAL: Canton Mo

21. DATE OF BURIAL: Aug 20 1921

20. UNDERTAKER: Daugherty & Co

ADDRESS: Quincy Ill

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

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.

Has decedent ever served in military or naval service of U. S.?

10M Bks—8-17-1 2 10161

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, [illegible] n additional line is provided for the latter [illegible] should be used only when needed. As [illegible] *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) [illegible] *Foreman*, (*b*) *Automobile factory*. The ma- [illegible] n may form part of the second statement. [illegible] "Laborer," "Foreman," "Manager," [illegible] without more precise specification, as [illegible] *Farm laborer*, *Laborer—Coal mine*, etc. [illegible] ne, who are engaged in the duties of the [illegible] (not paid *Housekeepers* who receive a [illegible] may be entered as *Housewife*, *Housework*, [illegible] children, not gainfully employed, as *At* [illegible] Care should be taken to report specifi- [illegible] ations of persons engaged in domestic [illegible] as *Servant*, *Cook*, *Housemaid*, etc. If the [illegible] een changed or given up on account of [illegible] NG DEATH, state occupation at beginning [illegible] d from business, that fact may be indi- [illegible] *ner* (*retired*, *6 yrs.*). For persons who [illegible] n whatever, write *None*:

Cause of death.—Name first, the DISEASE [illegible] he primary affection with respect to time [illegible] ing always the same accepted term for [illegible] Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

The following list of indefinite terms will not be accepted as cause of death unless explained:

Abscess—Locate and describe.
Accident—Nature of (Coroner)?
Albuminuria—Disease causing?
Angina—Was it scarlet fever or diphtheria?
Ascites—Disease causing?
Asphyxia—Accidental, suicidal—cause?
Asthenia—State cause.
Atrophy—Cause of—tuberculosis, syphilis?
Auto { infection / intoxication } Cause of?
Bowel trouble—Name disease: diarrhœa, dysentery, enteritis, strangulation?
Blood poisoning—State cause.
Bottle feeding—What disease resulted?
Breaking down—What disease?
Cachexia—Cancer, syphilis, tuberculosis, malarial?
Cardiac { Asthenia / Debility / Failure / Weakness } Not accepted.
Collapse—From what?
Cold—Not accepted.
Childbirth—Physiological—what caused death?
Cellulitis—Give location and cause.

Coma—Cause { alcoholic? / opium, etc.? }
Convulsions—Cause { epileptic—puerperal? / children, diarrhœa—enteritis? }
Cramps—State cause of.
Cyanosis—Cause of.
Decline—State cause of.
Debility—From what disease?
Delirium { alcoholic? / traumatic? }
Dentition—Disease causing death?
Dropsy—Name disease causing.
Dyspepsia—What organic disease?
Eclampsia—State cause of convulsions.
Emphysema—State cause.
Exhaustion—State cause of.
External violence—What kind of?
Failure of vital powers—What disease?
Feebleness—What disease?
Gastritis—State cause of.
Heart failure—See cardiac.
Hemorrhage—What part, and cause?
Inanition—Cause of?
Insolation (under 24 hours) (Coroner)?
Jaundice—Disease causing?

Laparotomy—For what disease?
Malnutrition—Cause of?
Marasmus—What disease?
Milk infection { diarrhœa? / enteritis? }
Miscarriage—State cause of.
Nervous { exhaustion / fever / shock } State disease
Operation—State part, and disease.
Old age—What disease?
Peritonitis—Cause of?
Pernicious anemia { malarial? / tuberculosis? / syphilis, etc.? }
Pyaemia—Cause of?
Septicæmia—Cause of?
Shock—From what?
Surgical { operation / shock } State disease.
Syncope—State cause of.
Tetanus—State cause of.
Toxemia—State cause of.
Uremia—Acute or chronic nephritis?
Weakness—What disease?