

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

Do not use this space.

36588

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.

18 1927

1. PLACE OF DEATH  
 County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 5439  
 City Springfield (No. R 2d no 6) St.        Ward         
 Registered No. 771

2. FULL NAME Infant Day of Mr & Mrs Oscar Calicott  
 (a) Residence. No. R 2d no 6 St.        Ward.         
 (Usual place of abode) (If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec - 18 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, 12 hrs. or min.
	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>

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

9. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER Oscar Calicott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ada Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

14. INFORMANT Oscar Calicott  
 (Address) Springfield Mo

15. FILED 12/19 27 O C Forst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-18 1927

17. I HEREBY CERTIFY, That I attended deceased from       , 19  , to       , 19  , (that I last saw h.        alive on       , 19  , and that death occurred, on the date stated above, at        m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
pre mature birth

157 / 1610 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)        (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED         
 IF NOT AT PLACE OF DEATH:       

8 DID AN OPERATION PRECEDE DEATH?        DATE OF       

WAS THERE AN AUTOPSY?       

WHAT TEST CONFIRMED DIAGNOSIS?         
 (Signed) S. F. Freeman, M. D.  
 , 19        (Address) SPRINGFIELD, MO.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brick Church Cemtery DATE OF BURIAL Dec 17 1927

20. UNDERTAKER Gompf & Sons ADDRESS Springfield Mo

