

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

Do not use this space.

4-01 ²

1. PLACE OF DEATH

County... Cape Girardeau Registration District No. 125 File No. 1008
 Township... Cape Girardeau Primary Registration District No. 3009 Registered No. _____
 City... St. Francis (No. St. Francis St. 3 Ward)

2. FULL NAME

Mary Josephine Calder
 (a) Residence. No. 512 1/2 Collage St., 6 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 19 28

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

17. I HEREBY CERTIFY, That I attended deceased from 12:11, 1927, to 1-6, 1928 that I last saw her alive on 1-5-28, and that death occurred, on the date stated above, at 5:25 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 - 1868

THE CAUSE OF DEATH* WAS AS FOLLOWS:
108
93D 101W
Chlor Pneumonia
 (duration) yrs. mos. 26 ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 1 27

CONTRIBUTORY (SECONDARY) Myocarditis
 (duration) yrs. mos. 14 ds.

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

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

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

0 Did an operation precede death? No DATE OF _____

10. NAME OF FATHER Henry Young

WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) George Baker M. D.

12. MAIDEN NAME OF MOTHER Janne McKinley

, 1928 (Address) Cape Girardeau

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

*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.

14. INFORMANT Henry Calder
 (Address) Cape Girardeau

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Jan 7 1928

15. FILED 1-7, 1928 W. C. Kaeppeler REGISTRAR

20. UNDERTAKER Lorberg F & U Co ADDRESS Cape Gir., Mo.

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. BE CAREFUL IN PRINT TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

PARENTS

1928

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