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

Do not use this space.
15838
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1. PLACE OF DEATH
County Sullivan Registration District No. 852 File No.
Township Polo Primary Registration District No. 4518 Registered No. 22
City Milan (No. ..., St. ..., Ward)

2. FULL NAME William Franklin Calfee

(a) Residence. No. ... St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	80	9	12	

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

9. BIRTHPLACE (CITY OR TOWN) Montreal
(STATE OR COUNTY) County, Missouri

PARENTS
10. NAME OF FATHER Vardaman Calfee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Claybrooks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT Mrs. Wm. F. Calfee
(Address) Milan, Mo.

15. FILED 4-23, 1928. Bertha McClary
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1928

17. I HEREBY CERTIFY, That I attended deceased from ..., 1924, to April 20, 1928, that I last saw h... alive on April 20, 1928, and that death occurred, on the date stated above, at 9:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parkinson's Disease
(duration) 6 yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Insomnia + Senile Dementia (duration) about 2 yrs. 2 mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

Apr. 22, 1928 (Signed) J. S. Montgomery, M. D.
(Address) Milan 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	DATE OF BURIAL
Oak Wood Cem. Milan Mo	Apr. 22, 1928
20. UNDERTAKER	**ADDRESS**
C. A. Schoene	Milan, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied.