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

Do not use this space.

35746

1. PLACE OF DEATH
County Scott — Registration District No. 821 — File No. 82
Township Richland — Primary Registration District No. 6070 — Registered No.
City Sikeston (No. ..... St. ..... Ward)

2. FULL NAME Alfred Calvin
(a) Residence. No. 203 So Kingshighway 4th Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. — mos. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4-1898

7. AGE: Years 30 — Months 3 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Scott County
(STATE OR COUNTRY) MO.

PARENTS
10. NAME OF FATHER John H. Calvin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hardin
(STATE OR COUNTRY) County Ky
12. MAIDEN NAME OF MOTHER Eliza Spires
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hardin
(STATE OR COUNTRY) County Ky

14. INFORMANT Clifford L. Gipson
(Address) 1124 So Jefferson Springfield Mo

15. FILED 11/16, 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 — 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 8 — 1928 to Oct 16 1928 that I last saw ~~him~~ alive on Oct 16 — 30 1928, and that death occurred, on the date stated above, at 12 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
1
79A
101
(duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Meningitis
(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Flint Mich
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A A Mayfield, M. D
Oct 17, 1928 (Address) Sikeston 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: City Cemetery — DATE OF BURIAL: 10-18 1928

20. UNDERTAKER: John Albritton — ADDRESS: Sikeston Mo

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.