JAN 23 1929

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

Do not use this space.

Greene

File No. 40290

Registered No. 924

1. PLACE OF DEATH
County: Greene — Registration District No. 318
Township: — Primary Registration District No. 5439
City: Springfield (No. West High St. Road St. Ward)

2. FULL NAME: Ada Calicott
(a) Residence. No. Springfield 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 25-1892

7. AGE: Years 36 | Months 8 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

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

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

PARENTS
10. NAME OF FATHER: L. E. Wright
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: O. A. Calicott
(Address): Springfield Mo.

15. FILED 12-28-28 O. C. Forst M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-25 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/23, 1928, to 12/25, 1928, that I last saw he alive on 12-25, 1928, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
32 Cerebral Hemorrhage
11 B
143 H
1 4 C
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Influenza
Pneumonia (duration) yrs. mos. 7 ds.

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

(1) DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? A. F. Turner
(Signed) A. F. Turner, M. D.
12/27, 1928 (Address) Springfield

*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 Cem — DATE OF BURIAL: 12-27 1928

20. UNDERTAKER: Alma Lohmeyer — ADDRESS: 534 S. Main

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.