

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

Do not use this space.

7697

**1. PLACE OF DEATH**

County Ray

Registration District No. 744

File No. ....

Township Richmond

Primary Registration District No. 3035

Registered No. 15

City Richmond (No. ....) St. .... Ward)

**2. FULL NAME William Calnen**

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-11-1908

7. AGE

60

YEARS

3

MONTHS

8

DAYS

If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Richmond

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Dennis Calnen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waffersville

(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Emily Bunch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mathison

(STATE OR COUNTRY) Ken

14.

INFORMANT Mrs. Kate Gavelock

(Address) Richmond, Mo

15.

FILED Dec 29 1929 R. S. Hamilton

REGISTRAR

J. J. Allen

Deputy

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 - 1929

17.

I HEREBY CERTIFY, That I attended deceased from 1-19, 1929, to 1-19, 1929 that I last saw him alive on 1-19, 1929, and that death occurred, on the date stated above, at 10-25-10 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

apoplexy  
82 A  
97 (duration) yrs. mos. da.

CONTRIBUTORY general arterio-sclerosis (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) For J. Good, M. D.

2/20, 1929 (Address) Richmond 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

City Cemetery

Feb. 21, 1929

20. UNDERTAKER

ADDRESS

E. Thurman

Richmond

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

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

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