

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.

APR 28 1930

30417-1

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

Do not use this space.

30417-A

1. PLACE OF DEATH

County Crawford
Township Golden
City (No.) (St.) (Ward ..)

Registration District No. 232
Primary Registration District No. 3576

File No.
Registered No.

2. FULL NAME

Goldie Helen Calahan

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Girl</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-15-1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>3</u>	<u>3</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Shirley
(STATE OR COUNTRY) MO

10. NAME OF FATHER Orville Calahan

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

12. MAIDEN NAME OF MOTHER Ethel Fowler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Crawford Co.
(STATE OR COUNTRY) MO

14. INFORMANT Orville Calahan
(Address) Brownman MO

15. FILED April 30 1930 J. E. Sanders REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 18 1929

17. I HEREBY CERTIFY, That I attended deceased from
MO Physician, 19....., to 19.....
that I last saw h. alive on 19..... and that
death occurred, on the date stated above, at 7 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholerae Infantum

119A
1130
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Harry M. Johnston
, 19 (Address) Shirley 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 Shirley, MO DATE OF BURIAL 9-19 1929

20. UNDERTAKER Shanks & Shanks ADDRESS Store MO

