46

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.

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

Do not use this space.

1. PLACE OF DEATH
County Howell
Township ~~Howell~~
City West Plains (No. ..... St. ..... Ward)

Registration District No. 384
Primary Registration District No. 4227

File No. 10452
Registered No. .....

2. FULL NAME Alvin Calmes

(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	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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8, 1843

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86	6	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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) Kentucky

PARENTS

10. NAME OF FATHER John Calmes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kent.
12. MAIDEN NAME OF MOTHER Mary Longlicker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs Alvin Calmes
(Address) West Plains Mo

15. FILED 12-7-1929 O. P. A. Heinrich REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 6, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from 1927, 19..., to Dec. 6th, 1929, that I last saw him alive on Dec. 6th, 1929, and that death occurred, on the date stated above, at 5:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, Chronic. 131
132 B
129a
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uraemic posining.
(duration) 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? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) A. H. Thornburgh, M. D
12/7/, 1929 (Address) West Plains, 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 Lawn Cemetery	12/7/ 1929
20. UNDERTAKER	ADDRESS
Geo. D. Stapp	West Plains Mo

3161