

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

Do not use this space.

MAY 27 1930

13289

1. PLACE OF DEATH

County Macon
Township Hudson
City Macon

Registration District No. 533
Primary Registration District No. 5713

File No. _____
Registered No. 40
St. _____ Ward)

2. FULL NAME

John J. Calvin Jr.

(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 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) Sept 24 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>33</u>	<u>7</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Firesman.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Patergon N.J.
(STATE OR COUNTRY) N.J.

10. NAME OF FATHER John J. Calvin Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER Mary Casaretto

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Italy

14. INFORMANT John J. Calvin
(Address) Patergon N.J. 47th St.

15. FILED 4/31 1930 Mrs. Luke Hunkle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1930 to Apr 9, 1930 that I last saw him alive on Apr 9, 1930 and that death occurred, on the date stated above, at 8:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Electric shock (power line)

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY Severe burns over body
(SECONDARY) (duration) _____ yrs. _____ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? N DATE OF _____

WAS THERE AN AUTOPSY? N

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) P. J. Knowlton M. D.

Apr 9, 1930 (Address) Macon 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

Catholic Cemetery 4/10 1930

20. UNDERTAKER

ADDRESS

Stephens & Lodding Macon 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.

32-9-7



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