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

Do not use this space.

24046

AUG 26 1930

1. PLACE OF DEATH
County: St Clair — Registration District No.: 765 — File No.:
Township: — Primary Registration District No.: 4460 — Registered No.: 13
City: Osceola Mo (No. ..... St. ..... Ward)

2. FULL NAME: Mary Elizabeth Calendar

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John H. Calendar

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct-22-1852

7. AGE: Years 77 — Months 8 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Near Osceola
(STATE OR COUNTRY): St Clair Co Mo

PARENTS

10. NAME OF FATHER: Joseph Boyd
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Clair Co Mo
(STATE OR COUNTRY):
12. MAIDEN NAME OF MOTHER: Elizabeth Lauler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): South Carolina

14. INFORMANT: A. Calendar
(Address): Kansas City Mo.

15. FILED: 8/10, 1930 — Ruth Sellers, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July-18-1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1929 to July 18, 1930, that I last saw her alive on July 18, 1930, and that death occurred, on the date stated above, at 11:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Sarcoma of stomach

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): None

(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? Physical & Clinical
(Signed) Ruth H. Sellers M.D.
7/19, 1930 (Address) Osceola 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: Osceola Cemetery — DATE OF BURIAL: July 19 1930

20. UNDERTAKER: McCluney - Austin — ADDRESS: Osceola 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.