

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

Do not use this space.

13904

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170
 ? Township Central Primary Registration District No. 624876
 ? City Richmond Heights (No. 6632 Clayton Road, Registered No. 76
 St. _____ Ward _____

2. FULL NAME

Mary Jane Calkins

(a) Residence, No. 6632 Clayton Road 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 Female 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) 1918-11-11

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
13 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Golconda, Ill. (STATE OR COUNTRY) 2

13. NAME H. G. Calkins

14. BIRTHPLACE (CITY OR TOWN) Plattsburg, N. Y. (STATE OR COUNTRY) 9

15. MAIDEN NAME Anna Belle Grueber

16. BIRTHPLACE (CITY OR TOWN) St. Paul, Neb. (STATE OR COUNTRY)

17. INFORMANT M. J. Calkins (ADDRESS) 6632 Clayton Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE 4/4/32

19. UNDERTAKER Robert J. Ambruster (ADDRESS) Clayton Road at Concordia Lane

20. FILED 4/2 19 32 C. L. Jensen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1932, to April 1, 1932

I last saw him alive on April 1, 1932. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

Septicemia acute Date of onset _____

fluoremi

107A / 107A

130 / 107A

Other contributory causes of importance _____

Bronchopneumonia secondary

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury Y, 19 _____

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X Nature of injury Y

24. Was disease or injury in any way related to occupation of deceased? Y

If so, specify _____ (Signed) Sam S. Barrett M. D.

(Address) 5427 Delaware

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 28 1932

