

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.

WAR

3 1933

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

Do not use this space.

2808

1. PLACE OF DEATH

County *Randolph*
Township *Salt Springs*
City *No.*

Registration District No. *733*
Primary Registration District No. *5967*

File No.
Registered No. *1*
St. Ward)

2. FULL NAME

C. H. Calhoun
(a) Residence, No. *County Sanatorium*
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>+</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 30 1854</i>		
7. AGE YEARS <i>78</i>	MONTHS <i>7</i>	DAYS <i>4</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i>		11. Total time (years) spent in this occupation
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)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

13. NAME *unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *County Records*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Nobery* DATE *Jan 6 1933*

19. UNDERTAKER *Batten & Miner*
(ADDRESS) *441 Louisville, Mo*

20. FILE *Jan 6 1933* *5967*
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 4 1933*

22. I HEREBY CERTIFY, that I attended deceased from *Jan 1st 1933* to *Jan 4th 1933*
I last saw him alive on *Jan 4 1933*. Death is said to have occurred on the date stated above, at *m.*

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

Influenza
733 930
Chronic Myocarditis

Date of onset	
Other contributory causes of importance:	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *A. A. Barnhart*, M. D.
(Address) *Louisville*

