

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

Do not use this space.

85

File No. **15800**

1. PLACE OF DEATH
 County Budreau Registration District No. 1001
 Township Joseph Primary Registration District No. 1001
 City Joseph (No. 2) Mr. M. H. Prop. St. Atterdale Mo. Ward 2

2. FULL NAME Lawrence E. Calhoun
 (a) Residence. No. Atterdale Mo. St. Atterdale Mo. Ward 2
 (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 M 4. COLOR OR RACE W 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) Nov. 4 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 2 17

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) North Co., Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Geo. Calhoun

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Co., Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Daly McElain

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Co., Mo.
 (STATE OR COUNTRY)

14. INFORMANT L. W. McElain
 (Address) Atterdale Mo.

15. MAY 9 1933 John R. Bender
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1933

17. I HEREBY CERTIFY, That I attended deceased from May 7 1933 to May 21 1933
 that I last saw him alive on May 20 1933, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis, general.
18 1/2 (duration) yrs. mos. ds. 14 ds.

CONTRIBUTORY gun shot wound abd.
 (SECONDARY) accidental - shot by a bystander while cleaning a gun at Mr. Calhoun's time
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 18 1/2
 IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? no DATE OF May 7 1933
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. S. Conrad, M. D.
 , 19 (Address) St. Joseph, 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 Atterdale, Mo. DATE OF BURIAL May 22 1933

20. UNDERTAKER Bram Mon ADDRESS Atterdale

WRITE PLAINLY IN UNFADING INK--THIS IS A PERMANENT RECORD

K. 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 20 1933

0.5
K-100

60

0.5
K-100

0.5
K-100

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K-100