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.

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

Do not use this space.

37444

1. PLACE OF DEATH
County Pettis
Township Blackwater
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 112
Primary Registration District No. 5886

File No. .....
Registered No. 20

2. FULL NAME Aggir Calhoon
(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 24 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) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Charles A Calhoon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8th 1865
7. AGE YEARS 68 MONTHS 8 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) Nov 1933
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Monte Mo

FATHER
13. NAME William Winston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winston Salem North Carolina

MOTHER
15. MAIDEN NAME Jane Sicelof
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winston Salem North Carolina

17. INFORMANT (ADDRESS) Claude Sicelof 1508 Rear East High St Jefferson City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blackwater Chapel DATE Nov 28 1933
19. UNDERTAKER (ADDRESS) W. C. Westbrook Houstonia Mo
20. FILED Nov 27 1933 Florence B. Tyler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933, to Nov 26, 1933
I last saw her alive on Nov 25, 1933 Death is said to have occurred on the date stated above, at 1-30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Right	
108	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Usual Was there an autopsy? No

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? No
If so, specify .....
(Signed) W. E. Walker, M. D.
(Address) La Monte Mo