

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

Do not use this space.

31
JAN 25 1934

39619

1. PLACE OF DEATH
County Wauress Registration District No. 257. File No. 39619
Township Benton Primary Registration District No. 4154. Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Henrietta Elizabeth Calhoun
(a) Residence, No. _____ St. _____ Ward _____ (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

MEDICAL CERTIFICATE OF DEATH

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 William F. Calhoun
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16-1855
7. AGE YEARS 78 MONTHS _____ DAYS 3 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME John Free

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

15. MAIDEN NAME Emily Sheeks

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

17. INFORMANT Mrs Lillie Regehr (ADDRESS) Newton Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Canon 1a DATE 12-24-33 1933

19. UNDERTAKER Schroeder (ADDRESS) Pattersonburg Mo

20. FILED 12-20 1933 Frances C Suttors Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1933 to Dec 19 1933
I last saw h. alive on Dec 19 1933 at 1:30 P. 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:

From cuts accident. Date of onset _____
Fractured Skull,
Chest Injury &
Fracture of Both Lower
limbs
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

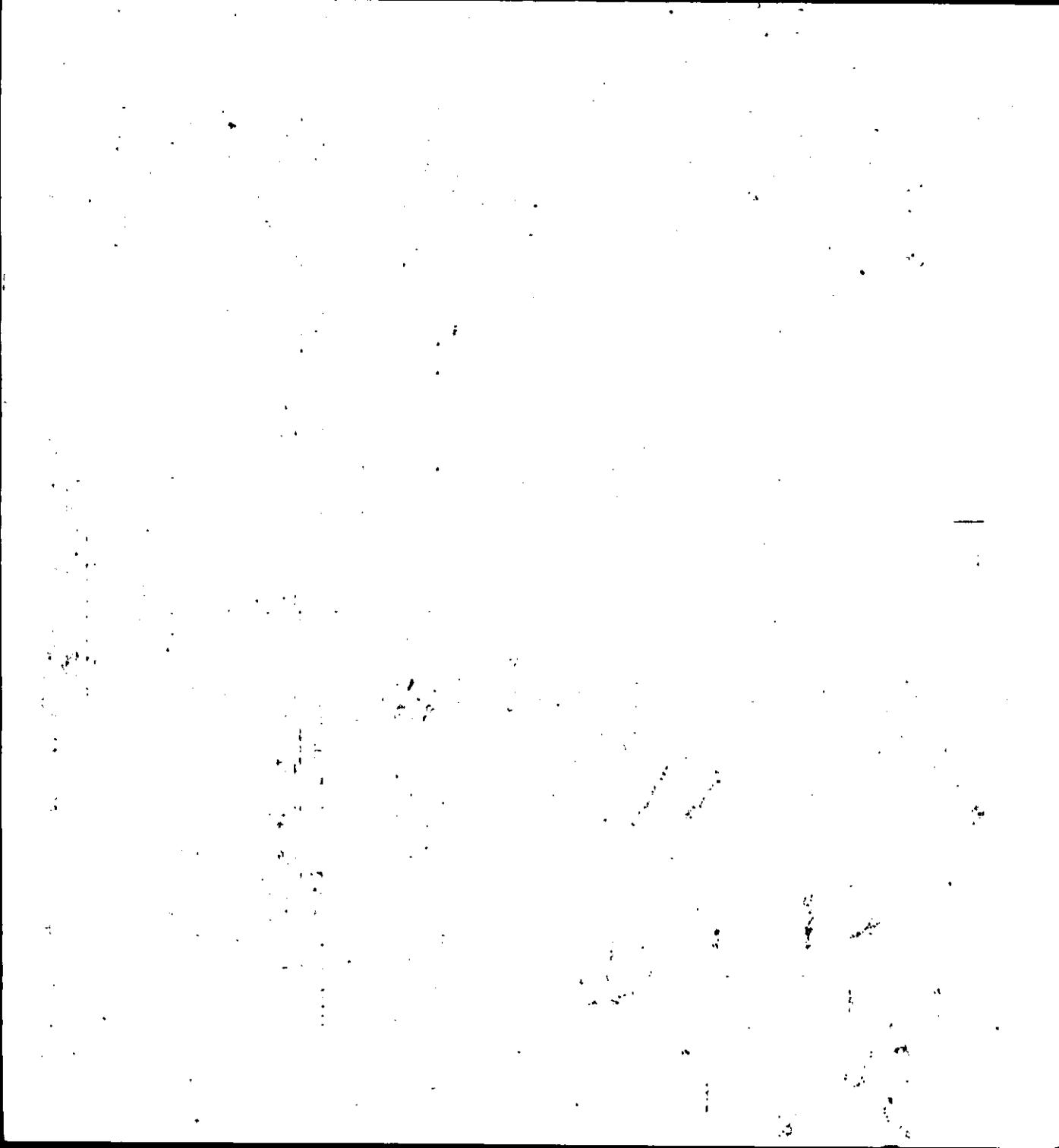
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12-19-33
Where did injury occur? factory (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Cuts accident
Nature of injury Fracture of Lower Skull

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) John F. Suttors M. D.
(Address) Pattersonburg Mo

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

MOTHER FATHER 2 2



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

Country District
Township Benton
City Henrietta (No. _____) St. _____ Ward _____

Registration District No. 254
Primary Registration District No. 154

File No. 27
Registered No. _____

2. FULL NAME

Henrietta Elizabeth Calhoun

(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 Mar (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

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

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) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED

19 Frances C Sutton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

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

Auto accident
fractured skull
fracture of base of skull
fracture of ribs
fracture of vertebrae
Other contributory causes of importance:
Skidder on ice over bridge & fell over 16 ft at bankment.

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-39619