SEP 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Howell — Registration District No. 384 — File No. 29102

Township ~~Howell~~ — Primary Registration District No. 4227 — Registered No.

City West Plains (No. , St. Ward)

2. FULL NAME Lydia Ellen Calmes

(a) Residence, No. East Eleveland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 48 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Alvin Calmes.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1856

7. AGE: YEARS 77 — MONTHS 8 — DAYS 10 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville, Ky.

FATHER

13. NAME Wm. Gillett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, City

MOTHER

15. MAIDEN NAME Royce Courtney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Mrs Oldfield West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Plains, MO DATE Oak Lawn Cem. Aug. 15, 1934

19. UNDERTAKER (ADDRESS) Hal Thornburgh West Plains,

20. FILED 8-14 1934 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/13/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1930, to Aug. 13th, '34., 19

I last saw her alive on Aug. 13th, 1934. Death is said to have occurred on the date stated above, at 5:30 P.m.

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

Diabetes Melitis, Chr. (Diabetic Coma last 3 days.) — Date of onset

57

59

Other contributory causes of importance:

Name of operation None — Date of

What test confirmed diagnosis? Clinacl — 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) A.H. Thornburgh, M. D.

(Address) West Plains, Mo.

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.

WHITE PLAINET, WITH UNFADING INK—THIS IS A PERMANENT RECORD