

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH **MAR 21 1935**

County **Camden**

Township **Engleize**

City **Camden**

(No.)

Registration District No. **275**

Primary Registration District No. **5170B**

File No.

Registered No.

St.

Ward)

2. FULL NAME **James C. Calvin**

(a) Residence, No.

(Usual place of abode)

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

3. SEX

Male

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

Maggie Calvin

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

May - 4 - 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

57

5

2

OCCUPATION

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

Farmer

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)

Oct 6 1934

11. Total time (years) spent in this occupation

Life

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

Muller Co. Missouri

FATHER

13. NAME **Maynard Calvin**

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

Muller Co. Missouri

MOTHER

15. MAIDEN NAME **Melissa Cochran**

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

Muller Co. Missouri

17. INFORMANT (ADDRESS)

Mrs. Maggie Calvin Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Union Cem. Brumley

DATE

Oct. 7 - 34

19. UNDERTAKER (ADDRESS)

E. L. Casey Iberia

20. FILED

Feb 24 1935

W. D. Polk, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct. 6 - 1934

22. I HEREBY CERTIFY, That I attended deceased from

....., 19..... to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **7:30 a.m.**

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

Free Shot Wound Date of onset

173

173

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis? **Phy.**

Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Homicide** Date of injury **Oct. 6, 1934**

Where did injury occur? **Camden Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Free Shot

Nature of injury

Fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **Morgan M. Maulder** (prosecuting atty)

(Address) **Camden, Camden Co. Mo.**

1934-10-6
57-5-4
1877-11-2