

SEP 16 1935 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27699

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis MO (No. 31 So. Compton St. Louis MO)

File No.
 Registered No. **6748**
 St. Ward)

2. FULL NAME

Leota Calhoun
 (a) Residence, No. 31 So. Compton St. 18 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 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) July 20, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 — 13

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

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) Low

13. NAME Warren Calhoun

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

15. MAIDEN NAME Bertha Hart

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

17. INFORMANT (ADDRESS) Archie Calhoun
31 So. Compton

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Decker DATE 8-9-35

19. UNDERTAKER (ADDRESS) Garner & Low Undertaking Co.
1105 W. 11th St.

20. FILED Aug - 7 1935 19 St. Louis MO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11:30, 1935, to 3:05, 1935.

I last saw h. alive on Aug 2, 1935. Death is said to have occurred on the date stated above, at 3:05 p.m.

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

Traumatic fractures of skull, lacerations of brain, manual and causal

Other contributory causes of importance: if same could not be ascertained

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 8/2, 1935
 Where did injury occur? St. Louis MO
 (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) John J. Sweeney, M.F.D.

(Address) St. Louis MO

Aug. 7, 1935

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.

