

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.

OCT 23 1935

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

Do not use this space.

791  
1003

31166

File No. 7962

Registered No. St. Ward

1. PLACE OF DEATH

County Registration District No. 791  
Township Primary Registration District No. 1003  
City St. Louis (No. 1611 Good fellow)

2. FULL NAME Giles Calicott

(a) Residence, No. 1611 Good fellow Ave. 6 Ward: 6  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Berquie Calicott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15<sup>th</sup> 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 8 6

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

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

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) Mokane Mo

13. NAME Giles Calicott

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Lena Richardson 1611 Good fellow

18. BURIAL, CREMATION, OR REMOVAL PLACE Mokane Mo DATE Sept 23<sup>rd</sup> 1935

19. UNDERTAKER (ADDRESS) Albert D. Oppelue 429 N. Campbell

20. FILED SEP 22 1935 J. P. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21<sup>st</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/11, 1935 to 9/21, 1935  
I last saw him alive on 9/21, 1935 Death is said to have occurred on the date stated above, at 2 P. m.

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

Arterio Sclerosis Date of onset ?

Other contributory causes of importance:

Enteritis

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) James A. Jackson, M. D.

(Address) 5801 Easton Ave.

