

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

Do not use this space.

DEC 19 1935

36868

1. PLACE OF DEATH

County Nodaway
 Township.....
 City Maryville (No., St. Ward)

Registration District No. 625
 Primary Registration District No. 3031

File No.
 Registered No. 173

2. FULL NAME Clarence L. Calfee St. Francis Hospital

(a) Residence, No. Elmo Mo. 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 M 4. COLOR OR RACE W 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) Apr. 12, 1935/9/11

7. AGE YEARS 24 MONTHS 7 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk In Store
 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) Lincoln Township (STATE OR COUNTRY) Nodaway Co., Mo.

FATHER
 13. NAME Charles L. Calfee

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

MOTHER
 15. MAIDEN NAME Vera Honaker

16. BIRTHPLACE (CITY OR TOWN) Page Co. (STATE OR COUNTRY) Iowa

17. INFORMANT Clark Horn (ADDRESS) Elmo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmo Mo. Price Funeral Home DATE 11-17 1935

19. UNDERTAKER (ADDRESS) Maryville Mo.

20. FILED 11-18 1935 Memie E. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/14 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/2 1935 to 11/14 1935
 I last saw him live on 11/14 1935 Death is said to have occurred on the date stated above, at 10:23 Am.

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

Appendicular abscess Date of onset 10/25/35
Chilmanian Emphysema 11/4/35
Mesenteric thrombosis 11/13/35

Other contributory causes of importance

Name of operation Drainage of appendix Date of 11/12/35
 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? NO
 If so, specify

(Signed) B. F. Ryland M. D.
 (Address) Burlington Ia 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.

