

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.

JUN 25 1936

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

Do not use this space.

1. PLACE OF BIRTH

County Jasper
Township Clinton
City Joplin

Registration District No. 411
Primary Registration District No. 2002
(No. 1024 Hill)

File No. 23272
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John E. Calentine

(a) Residence, No. 1024 Hill St. _____ Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred Unknown 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 Male 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 Mary E. Calentine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1848

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

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

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) (STATE OR COUNTRY) Ohio

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. M. G. Townley
(ADDRESS) 3018 Park Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE East Ave. Joplin Mo DATE June 16, 1936

19. UNDERTAKER Tamplin Mortuary
(ADDRESS) 1502 Joplin St., Joplin Mo

20. FILED 6-17-36 Ed D. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1936

22. I HEREBY CERTIFY That I attended deceased from June 9, 1936 to June 14, 1936
I last saw him alive on June 9, 1936 Death is said to have occurred on the date stated above, at 4:10 a.m.

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

Internal surgery to chest following a struggle with robbers

Other contributory causes of importance old age

Date of onset _____

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? homicide Date of injury June 7, 1936

Where did injury occur? Joplin Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? Home

Manner of injury Blew on chest

Nature of injury blow on chest

caused internal injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Daniel R. Rice, M. D.

(Address) 418 1/2 Main Joplin Mo

