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 15 1936

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

Do not use this space.

34389

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1062 — Registered No.

City Kansas City (No. 19 West 40th St. Way St. Ward)

2. FULL NAME Alonzo Lee Calendar

(a) Residence, No. 19 W. 40th ST. Way St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 36 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 Mrs Lola Calendar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1868

7. AGE — YEARS: 68 — MONTHS: 4 — DAYS: 10 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Missouri

FATHER

13. NAME John H. Calendar

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

MOTHER

15. MAIDEN NAME Ossie Swift

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

17. INFORMANT (ADDRESS) Mrs Lola Calendar 14 West 40th Street Way

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Osceola, Mo. DATE 9-8-36, 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel Kansas City, Missouri

20. FILED 9/7, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 or 2, 1936, to Sept 6, 1936

I last saw him alive on Sept 6, 1936. Death is said to have occurred on the date stated above, at 12 PM

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

Cacenoma of Stomach — Date of onset

44

Other contributory causes of importance: Arterio Sclerosis - Coronary Embolism

Name of operation Clinical + P.M. Date of

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

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

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

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

Manner of injury X

Nature of injury X

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

If so, specify

(Signed) T. J. Beattie, M. D.

(Address) 1207 Waldheim Bldg Kansas City Mo