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.

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

Do not use this space.

OCT 5 1936

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 36115

Township ..... Primary Registration District No. 1003 Registered No. 9758

City St. Louis Mo. (No. ....., DePaul Hospital ..... St. ..... Ward)

2. FULL NAME Kathleen Clinch Calkins

(a) Residence, No. ..... St., N.R. Ward. Evansville, ~~Mix~~ Wisconsin
(Usual place of abode) (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: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1891

7. AGE: YEARS 45 MONTHS 2 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator
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) Evansville, Wisc.

FATHER

13. NAME Judson Wells Calkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Aurora N.Y.

MOTHER

15. MAIDEN NAME Julia Clinch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Andrews New Brunswick Canada

17. INFORMANT (ADDRESS) Dr. Delevan Calkins 2303 N. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evansville, Wisconsin DATE 9/29 1936

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc. 429 N. Euclid Ave.

20. FILED SEP 25 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1936, to Sept 24, 1936

I last saw her alive on Sept 24, 1936. Death is said to have occurred on the date stated above, at 6 50 m.

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

General Peritonitis — Date of onset
(Post operative — Sept 17
Supra Cervical
Hysterectomy for
Non malignant Fibroid
Uterus

Other contributory causes of importance:
Thrombosis Left
Ovarian vein

Name of operation Hysterectomy Date of 9/5/36

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) L. M. Riordan, M. D.
(Address) 4500 Olive St

DR L.M. R
LISTER B
1- 3 pm