

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No. _____)

Registration District No. 796
Primary Registration District No. 3038

19610
File No. _____
Registered No. 70
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>not married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 15-1867</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>8</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm hand</u>	
	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)	<u>miami mo</u>	
FATHER	13. NAME	<u>wilson calhoun</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>do not know</u>
MOTHER	15. MAIDEN NAME	<u>Ella Mitchell</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>mo</u>
17. INFORMANT (ADDRESS)	<u>Mary E. Dunlap</u>	
18. BURIAL, CREMATION, OR REMOVAL	PLACE	DATE
	<u>Miami</u>	<u>may 4 1938</u>
19. UNDERTAKER (ADDRESS)	<u>Geo. O. Wilson</u>	
20. FILED	<u>5-4-38</u>	<u>Mary Kent</u> Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26 1938 to May 3 1938.
I last saw him alive on MAY 2 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Embolism
Arteriosclerosis
Date of onset May 2

Other contributory causes of importance:
fr. rt hip
1936

Name of operation _____ Date of _____
What test confirmed diagnosis: clinical Was there an autopsy? no

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) Arthur H. Layton, M. D.
(Address) Marshall Mo.

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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dalmine

Registration District No. 796

Township Marshall

Primary Registration District No. 3038

City Marshall (No.)

File No. 19610

Registered No. 70

St. Ward

2. FULL NAME Charles M. Calhoun

(a) Residence, No. St. Ward

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 - 1938

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

22. I HEREBY CERTIFY, That I attended deceased from , to , 19

I last saw h. alive on , 19 . Death is said

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

to have occurred on the stated above, at m.

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

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

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

Cerebral Embolism Date of onset

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

1860

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance Fracture R. hip

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

3-22

13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME

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

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

Accident, , or homicide? Date of injury 3/26, 1935

17. INFORMANT (ADDRESS)

Where did injury occur? Co. Farm - Marshall Mo. (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

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

PLACE DATE , 19

Manner of injury fall

19. UNDERTAKER (ADDRESS)

Nature of injury

20. FILED , 19

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

If so, specify

(Signed) R. C. Haynes, M. D.

(Address) Marshall Mo.

Registrar.

SUPPLEMENTARY

Exact statement of OCCUPATION is very important. It may be properly classified. Exact statement of OCCUPATION is very important. It may be properly classified. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. IT MAY BE PROPERLY CLASSIFIED.

OF DEATH. IN TERMS, IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. IT MAY BE PROPERLY CLASSIFIED.

PERSONS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

DEPARTMENT OF HEALTH
SOCIETY OF AMERICAN STATES
BUREAU OF HEALTH

1918

REPORT OF THE
COMMISSIONERS OF HEALTH

1918

THE BUREAU OF HEALTH
OF THE DEPARTMENT OF HEALTH
OF THE SOCIETY OF AMERICAN STATES
HAS THE HONOR TO ANNOUNCE
THE RESULTS OF THE
ANNUAL REPORT OF THE
COMMISSIONERS OF HEALTH
FOR THE YEAR 1918
AND TO INVITE THE
ATTENTION OF THE
PUBLIC TO THE
SAME.