REC'D JUL 20 1938

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

21834
Do not use this space.

1. PLACE OF DEATH
(a) County Greene
Registration District No. 315
(b) Township Springfield
Primary Registration District No. 2001
Registered No. 452
(c) City
(d) Street No. City Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Irene N. Calvin 415
(a) Residence, No. 1333 N. Florence St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20-1889
7. AGE ✓ YEARS 48 MONTHS 9 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc. In own home
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) Ark.

FATHER
13. NAME Wm. A. Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Isabel Elder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) R. F. Davenport St Louis Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE June 4 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Klingner & Co. Springfield, Mo.
20. FILED June 3, 1938 Chas A George Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....19...., to ....19....
I last saw him alive on June 2, 1938 Death is said to have occurred on the date stated above, at 12:10 p.m.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction (from old adhesions) with Ileum gangrenous. Acute Peritonitis

Date of onset 5-30-71

Other contributory causes of importance: Mitral Insufficiency

Name of operation Laparotomy Exploratory Date of 6-1-38
What test confirmed diagnosis? Clinical operation 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? .....
If so, specify J. Newton Wakeman
(Signed) ....., M. D.
(Address) Springfield, 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.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Roy A. C
1763, or by Wm Max Rhodes

Registered Apprentice No. 117, working under my personal supervision.

Signed J B Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.