

1938 DEC 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Lisland River
City Mosby, Mo. (No. _____) (St. _____) (Ward _____)

Registration District No. 148
Primary Registration District No. 5011-5277A

File No. 38940
Registered No. 157

2. FULL NAME

(a) Residence No. James Thomas Calkins St. _____ Ward _____
(Usual place of abode) Mosby, Mo.

(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? x yrs. x mos. y ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 x

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min. 22

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

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) Mosby, Mo.

13. NAME Homer Calkins

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

15. MAIDEN NAME Mary Ashcraft

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

17. INFORMANT (ADDRESS) Homer Calkins
Mosby, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield DATE Nov. 6, 1938

19. UNDERTAKER (ADDRESS) Robert Hape
Galder Springs, Mo.

20. FILED Nov 9 1938 Robert M. Crueker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1938, to Nov. 6, 1938

I last saw him alive on Nov 5, 1938 Death is said to have occurred on the date stated above, at 2 A.m.

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

Pertussis

Date of onset 9/23/38

Other contributory causes of importance: Bronchial Pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1938

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) John J. Brack, M.D.
(Address) Bloomfield, 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed: 12/6/38