

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.

DEC'D FEB 16 1939

1548

1. PLACE OF DEATH

County Bates Registration District No. 49
 Township Belknap Primary Registration District No. 5077
 City Amsterdam, Mo. (No. _____) St. _____ (Ward) _____

File No. _____
 Registered No. _____

2. FULL NAME

Mary Ester McCalmon

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

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 88 yrs. 11 mos. 5 ds. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 1850

7. AGE YEARS 88 MONTHS 11 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Indiana

13. NAME John Gray

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

15. MAIDEN NAME Sarah Finck

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

17. INFORMANT Mrs Will Reynolds (ADDRESS) Adrian Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER Hobert Arnold 522 (ADDRESS) Creston Mo.

20. FILED Jan. 27 1939 Grace L. Smiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 39

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows: Sudden death from Date of onset _____

Severe pain in chest

Angina Pectoris

Other contributory causes of importance: Signed by advice

Permission of Coroner Smith

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) L. O. La Hure, M. D.

(Address) Baxter, Mo.

RECEIVED

District Health Officer No: 71

District File Number

7-39-167

Date Filed

2-3-39