

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

7952
 Do not use this space.

REC'D MAR 17 1939

1. PLACE OF DEATH

(a) County Seatt Registration District No. 821
 (b) Township Richland Primary Registration District No. 4553
 (c) City Seaton, Mo. (d) Street No. _____ Registered No. _____
 (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

(a) Residence, No. 402 Gladys, Seaton, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 4 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Dealer
 9. Industry or business in which work was done, as 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) Seaton, Mo.

FATHER 13. NAME John Calhoun

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

MOTHER 15. MAIDEN NAME Calhoun

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

17. INFORMANT (ADDRESS) Mrs Harry Sevier Seaton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seaton, Mo. DATE Feb. 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arden Ellis Seaton, Mo.

20. FILED 3-3-39 W. H. Oriskany Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1938, to Oct 3, 1939
 I last saw h. 1 m alive on Jan 28, 1939 Death is said to have occurred on the date stated above, at 8:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 9-2-39
 Other contributory causes of importance: hypertension and dilated heart

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?
 If so, specify _____ (Signed) W. H. Oriskany M. D.
 (Address) Seaton, 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.

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, Feb 3, 19

....., or by

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

Signed..... Andrew Ellis

Licensed Embalmer No. 3869

P. O. Address Si Keaton, Va

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

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