

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

Do not use this space.

FILED AUG 10 1944

25810

1. PLACE OF DEATH

County Saline Registration District No. 324
Township Marshall Primary Registration District No. 6093
City Marshall (No.) St. Ward)

File No.
Registered No. 128

2. FULL NAME James Euler Calhoun

(a) Residence, No. Dover, Mo. 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 0 11

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

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

13. NAME William Chrisman

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

15. MAIDEN NAME Eliza Boyce

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

17. INFORMANT Mrs Sallie Calhoun (ADDRESS) Dover, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE 7-5-44 19.

19. UNDERTAKER Campbell-Lewis (ADDRESS) Marshall, Mo.

20. FILED 7-544 19 7-5-44 Trout-Owens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 19 44

22. I HEREBY CERTIFY that I attended deceased from July 2 19 44 to July 4 19 44
I last saw him alive on July 4 19 44 Death is said to have occurred on the date stated above, at m.

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

Thrombus femoral artery Date of onset 6-26-44

Other contributory causes of importance: Arteriosclerosis Chronic nephritis 131R

Name of operation Amputation thigh Date of 7-3-44
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) W. H. Owens M. D.
(Address) Marshall, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 100M-11-253

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

89-44

OCT 23 1944