

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

Do not use this space.

37474

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
Township _____ Primary Registration District No. 3018 Registered No. 122
City Clinton Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Enid Calvard
(a) Residence, No. North 2nd St 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? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------------------|--|
| 3. SEX <u>7</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7 1882</u> | | |
| 7. AGE YEARS <u>49</u> | MONTHS <u>7</u> | DAYS <u>15</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher</u> | | IF LESS than 1 day, _____ hrs. or _____ min. |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>High school</u> | | 11. Total time (years) spent in this occupation <u>20 years</u> |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo</u> | | |
| 13. NAME <u>Chas a Calvard</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Clair Co</u> | | |
| 15. MAIDEN NAME <u>Flavia Lindsay</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co Mo</u> | | |
| 17. INFORMANT <u>C A Calvard sr</u> (ADDRESS) <u>Clinton Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clinton Mo</u> DATE <u>Nov 24 1931</u> | | |
| 19. UNDERTAKER <u>Spore son</u> (ADDRESS) <u>Clinton Mo</u> | | |
| 20. FILED <u>11/24</u> 19 <u>31</u> <u>Ed C. Peeler</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1931, to 11-22, 1931
I last saw her alive on 11-22, 1931 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:
Angerulocytic anemia
HTA
Other contributory causes of importance:
HTA ?

Name of operation _____ Date of _____
What test confirmed diagnosis? Blood (Leukemia) 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) H. Walker, M. D.
(Address) Clinton Mo

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

DEC 22 1931

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.

