

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.

14941

MAY 21 1936

1. PLACE OF DEATH

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

File No. _____

Registered No. _____

2. FULL NAME Charles A. Calound Jr

(a) Residence, No. 3037 1/2 rd 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 M 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 Flora Calound

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 0 3

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

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) St Clair Co Mo

13. NAME Thomas Calound Jr

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

15. MAIDEN NAME Elizabeth Peters

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

17. INFORMANT (ADDRESS) Charles A. Calound Jr Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5 7 36

19. UNDERTAKER (ADDRESS) Courtesy of _____ Clinton Mo

20. FILED 5-2 1936 J. R. Hamplatt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936 to Apr 30 1936
 I last saw him alive on April 30 1936 Death is said to have occurred on the date stated above, at 11:15 am.

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

Tubercular - Nephritis - Hypostatic Pneumonia

Other contributory causes of importance: 80

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? Yes
 If so, specify _____

(Signed) Geo. J. Fr. et al M.D.
 (Address) Clinton, Mo

