

APR 20 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Henry  
Township Wright  
City Calhoun (No. ....)

Registration District No. 349  
Primary Registration District No. 4207

File No. 12046  
Registered No. 6  
St. .... Ward

## 2. FULL NAME

(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? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lizzie Cahal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-1-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
65 46 11 9

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky13. NAME Robert Cahal14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Fannie Jewey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT (ADDRESS) Olivia Cadshouder  
Calhoun Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calhoun DATE Mar 11 193719. UNDERTAKER (ADDRESS) Wm. C. Wilkinson  
Clinton Mo20. FILED 3-10 1937 Mrs. A. U. Gray  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10 193722. I HEREBY CERTIFY, That I attended deceased from Sept 21 1936 to Mar-9 1937I last saw him alive on Mar 9 1937. Death is said to have occurred on the date stated above, at 5:10 A.M.

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

Valvular Heart Trouble Date of onsetOther contributory causes of importance: 930  
influenzaName of operation none Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

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) J. P. Pollard M. D.(Address) Calhoun 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.

