

AUG 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Harrison
Township Springfield
City Calhoun (No. _____)

Registration District No. 349
Primary Registration District No. 5500

File No. 27321
Registered No. 16
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. 24 mos. 7 ds.

How long in U. S., if of foreign birth?

yrs. 3 mos. 7 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) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
✓ 23 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Calhoun Mo.13. NAME Father: Floyd Howard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shertown County, Mo.15. MAIDEN NAME Mother: Mary Evelyn Fisher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon17. INFORMANT (ADDRESS) Floyd Howard Calhoun Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calhoun DATE June 24, 193719. UNDERTAKER (ADDRESS) J. A. Houser Calhoun Mo.20. FILED 6-24-37 Mo. S. D. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 24 . 193722. I HEREBY CERTIFY That I attended deceased from June 20 1937, to June 24 1937I last saw him alive on June 20 1937 Death is saidto have occurred on the date stated above, at 3 a.m.

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

Dysentery Date of onset JulyOther contributory causes of importance: None

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 June 24, 1937Where 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) D. A. [Signature] 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

