

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

Do not use this space.

33911

1. PLACE OF DEATH
74 County Nodaway Registration District No. 628
Township Maryville Primary Registration District No. 3031
City Maryville (No. St. Francis Hosp)
2. FULL NAME Calvin Coolidge Hord
(a) Residence, No. _____ 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.

File No. _____
Registered No. 110
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1st, 1923
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 1 17

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) Graham, Mo.

13. NAME Wilder Hord

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

15. MAIDEN NAME Gracie M. Wagner

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

17. INFORMANT Wilder Hord
(ADDRESS) _____

18. BURIAL, CREMATION OR REMOVAL PLACE Graham Mo DATE Oct 20 1933

19. UNDERTAKER (ADDRESS) Price Funeral Home
Maryville, Mo.

20. FILED Oct 20 19 33 Monroe & Clardy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1933 to Oct 18 1933
I last saw him alive on Oct 18 1933 Death is said to have occurred on the date stated above, at 1-P. m.
The principal cause of death and related causes of importance were as follows:

Appendicitis
121 B
121 B
Other contributory causes of importance: _____
Date of onset _____

Name of operation Appendectomy Date of Oct 17
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? _____
If so, specify _____
(Signed) W. J. D. J., M. D.
(Address) Maryville

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

NOV 10 1933

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.

