

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

Do not use this space.

MAR 24 1934

5588

1. PLACE OF DEATH

County *Louis*
Township *La Belle*
City *La Belle* (No. _____)

Registration District No. *479*
Primary Registration District No. *4288*

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

2. FULL NAME

Oving David Calhoun

(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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Edith Calhoun*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 24 - 1858*

7. AGE YEARS *75* MONTHS *9* DAYS *15* IF LESS than 1 day, _____ hrs. or _____ min.

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

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) *Waynes Co. Penn.*

13. NAME *Thomas Calhoun*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Penn.*

15. MAIDEN NAME *Elizabeth Pince*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Christie S. Calhoun*

18. BURIAL, CREMATION, OR REMOVAL PLACE *La Belle Cemetery* DATE *2-11-1934*

19. UNDERTAKER (ADDRESS) *La Belle, Mo.*

20. FILED *2/11-1934* *J. L. BOURN* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 9 - 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 30th*, 1934, to *Feb. 9th*, 1934. I last saw him alive on *Feb. 9th*, 1934. Death is said

to have occurred on the date stated above, at *2.0* p.m. The principal cause of death and related causes of importance were as follows:

ACUTE GYSTITIS WITH RETENTION & UREMIC POISONING
135 B
135 C
Other contributory causes of importance: *as above stated*

Name of operation *None* Date of _____
What test confirmed diagnosis? *Physical* 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? *No.*
If so, specify *A. H. LILLARD* M. D.
(Signed) *A. H. LILLARD*
(Address) *La Belle, 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

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