

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No. **11055**
Registered No. **2915**
St. Ward)

2. FULL NAME

(a) Residence, No. **5317 N. Euclid Ave. St., 7** Ward. (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 **Female** 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 **Carl Calhoun**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 24-1896**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37. 4. 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
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) **New York N. Y.**

MOTHER 13. NAME **Jacob Meltzer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Carl Calhoun**
(ADDRESS) **5317 N. Euclid Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Springville Ill** DATE **3/25** 19**34**

19. UNDERTAKER **Edith E. Ambrose**
(ADDRESS) **4254 W. Ambrose Ave.**

20. FILED **7 3 19 34** **J. Bredbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MARCH 21 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 26** 19**33**, to **March 21** 19**34**

I last saw h. **alive on March 21** 19**33**. Death is said to have occurred on the date stated above, at **8:30 P. M.**

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

Peritonitis, Chronic Date of onset **11/2**

12/23

1933

12/23

Other contributory causes of importance:

Psychic. Ch. **11/10/34**

Obstruction of Ileum, Partial **11/14/34**

Obstruction of Colon

Name of operation **Exploratory Laparotomy** Date of **Jan 1934**

What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

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.....

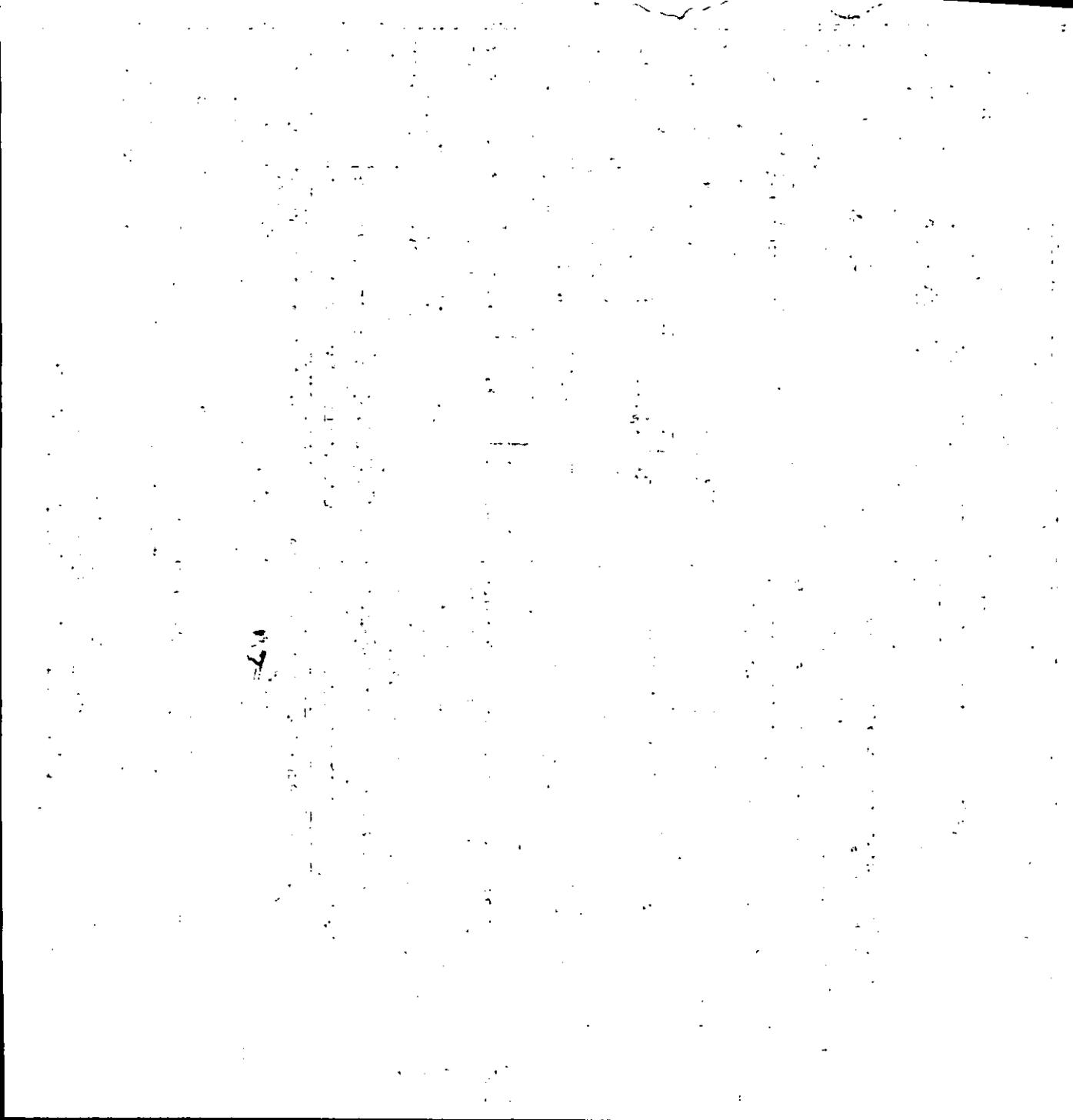
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **Eugene S. Coker**, M. D.

(Address) **703 University Club Bldg**



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003
(No. Jefferich Hoop)

File No.....
Registered No. 2915
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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the day stated above, at.....m.
The principal cause of death and related causes of importance were as follows:

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,.....hrs. or.....min.

Date of onset

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

Peritonitis Chronic - Non-Malignant Mechanical Obstruction due intestinal adhesion caused by previous operation performed by another physician who is deceased. Cause of previous operation unknown.

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED

*Peritonitis chr
Obstruction of Ileum Partial
distention of Colon*

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?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

3-23-34 J. J. Bradeck
Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

5-11055