

631 DEC 1, 1939

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

40076  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Randolph Registration District No. 448  
 (b) Township Montgomery Primary Registration District No. 5608  
 (c) City Conway (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) 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.  
435  
 2. PRINT FULL NAME James Anderson Calton  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Calton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 3 1  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer  
 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) Wright Co Mo  
 FATHER  
 13. NAME Noah Calton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leura  
 MOTHER  
 15. MAIDEN NAME Zilpha Coffee  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leura  
 17. INFORMANT Emily Calton  
 (ADDRESS) Conway Mo  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Bramhall DATE 12/6/39  
 19. FUNERAL DIRECTOR (NAME) W.E. Halman  
 (ADDRESS) Lebanon Mo  
 20. FILED 12-14 1939 Are, Montgomery  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/4/39 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1939 to 12-4, 1939  
 I last saw him alive on 12-4, 1939 Death is said to have occurred on the date stated above, at 9 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Hemorrhage of Brain  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 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? Yes  
 If so, specify \_\_\_\_\_  
 (Signed) J.M. Lindsey, M. D.  
 (Address) Conway

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Mypel

....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

W.E. Halman

Licensed Embalmer No. 4107

P. O. Address Lubben M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**