

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

Do not use this space

32576

2a

**1. PLACE OF DEATH**

County Cooper  
Towship Kelley  
City Brunette (No. ....)

Registration District No. 219  
Primary Registration District No. 5299

File No. ....  
Registered No. 24 St. .... Ward)

**2. FULL NAME**

Walter Lee Caleman

(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.

**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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
53 5 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Caleman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Esther

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT W E Caleman  
(Address) Ottumville Mo

15. FILED Dec 9 1925 Walter P. Peppers REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1925

17. I HEREBY CERTIFY, That I attended deceased from Nov 20 1925 to Nov 20 1925 that I last saw him alive on Nov 20 1925 and that death occurred, on the date stated above, at 6:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Voluntary Heart Tumble

9219000  
CONTRIBUTORY (SECONDARY) Bronchial Asthma  
several years  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) J. H. Willcutt, M. D.  
, 1925 (Address) Brunette Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brunette DATE OF BURIAL Nov 22 1925

20. UNDERTAKER J. W. Wick ADDRESS Brunette