

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

Do not fill this in

18051

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.

26

1927

1. PLACE OF DEATH  
 County Boone Registration District No. 318  
 Township Amalgamated Registration District No. 2001  
 City Booneville St. \_\_\_\_\_ (Ward) \_\_\_\_\_

2. FULL NAME Marye Calvey  
 (a) Residence, No. 618 Chestnut 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Never Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1879 February May  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 48 1 8  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Assn. Watchman  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-22 1927  
 I HEREBY CERTIFY, That I attended deceased from 6-6, 1927, to 6-22, 1927  
 that I last saw her alive on 6-22, 1927, and that death occurred, on the date stated above, at 7:30 p. m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ulcer of Duodenum  
117B

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 10. NAME OF FATHER George Calvey  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 12. MAIDEN NAME OF MOTHER Judith  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 14. INFORMANT (Address) Mrs. Marye Calvey  
1130 7th  
 15. FILE 6/22/27 October 1927  
 REGISTRAR

CONTRIBUTORY (SECONDARY) 117B  
 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?  
6-24 (Signed) Halter Semell, M. D.  
24, 1927 (Address) Springfield Mo.  
 \*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery DATE OF BURIAL 6/22 1927  
 20. UNDERTAKER W. H. Spruvel ADDRESS 1111 7th

