

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

Do not use this space.

23792
2018

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Ball Primary Registration District No. 19th
 City Parisville (No. 214 1/2 St. 19th)

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

2. FULL NAME

(a) Residence. Name Mary McCalpin St. 3 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 W 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Chaney McCalpin

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

14. INFORMANT Mrs R. G. Holloway
 (Address) 214 1/2 St. 19th

15. FILED 7/6, 1928 M. S. Registrar Ass.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-4-28

17. Deputy Coroner
 I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____ 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Regeneration
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Chorea retentiva
 (SECONDARY) repeated
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 29 W
 IF NOT AT PLACE OF BIRTH _____

3 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

4 WAS THERE AN AUTOPSY? 47

WHAT TEST CONFIRMED DIAGNOSIS autopsy
 (Signed) Deputy Coroner M. D.
 , 19 (Address) Deputy Coroner

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cem. DATE OF BURIAL 7/6 1928

20. UNDERTAKER Watkins Bros ADDRESS 1729 Lydia

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.

DEPARTMENT RECORD

