

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.
42463

JAN 28 1928

1. PLACE OF DEATH
 County St. Louis Registration District No. 1170 File No. _____
 Township Central Primary Registration District No. 62484 Registered No. 278
 City Richmond 45 Mo. St. Mary's Hospital (No. _____) St. _____ Ward _____

2. FULL NAME Wm. O. Calvert
 (a) Residence. No. Chesterfield Mo. 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
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nola Calvert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7-1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 1 _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Blacksmith
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER John Calvert
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland
 12. MAIDEN NAME OF MOTHER Rabeen Turner
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Jacob S. Calvert
 (Address) 2222 Lacin St

15. FILED 12/10 19. 28 B. B. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1928
 17. I HEREBY CERTIFY, That I attended deceased from Sept 27 1927 to Dec 8 1928
 that I last saw him alive on Dec 7 1928, 19.28, and that death occurred, on the date stated above, at 4:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of tongue
4 1/2 yrs (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Heart Disease
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General Examination
 (Signed) P. B. Got, M. D.
12-9, 1928 (Address) Chesterfield 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Antioch Crem. Monarch Mo. DATE OF BURIAL 12-10-1928
 20. UNDERTAKER Schneider Mtd. Co. ADDRESS Ballwin Mo.

1511
Mrs. F. M. Jensen
1601 0141