

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

Do not use this space.

X 22042

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.

WITH UPDATING INK-- THIS IS A PERMANENT RECORD

64
26
1929
8

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. _____
 Township Marion Primary Registration District No. 1029 Registered No. 145
 City Sannibal (No. St. Elizabeth Hospital St. _____ Ward _____)

2. FULL NAME

John Oak Calvert
 (a) Residence No. _____ St. _____ Ward. Ralls Co. Mo.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 12 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 Agnes Calvert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 19, 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 8 17

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (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) Ireland

10. NAME OF FATHER John Calvert

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

12. MAIDEN NAME OF MOTHER Mary Oak

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

14. INFORMANT Richard Calvert
 (Address) Savertory Mo.

15. FILED 6/7, 1929 B. K. Kistner
 REGISTRAR
Mo. Deputy

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar _____, 1928, to June 6 _____, 1929, that I last saw him alive on June 6 _____, 1929, and that death occurred, on the date stated above, at 1:35:14 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infection bladder and prostate
1350 (duration) 6 yrs. 6 mos. 0 ds.
 CONTRIBUTORY (SECONDARY) Senility, enlarged prostate
 (duration) 3 yrs. 0 mos. 0 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 General expection

(Signed) W. L. Shanks M. D.

, 19 _____ (Address) Hannibal 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 Barkley Cemetery DATE OF BURIAL 6/8 - 1929

20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal Mo.

