

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.

AUG 20 1930

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

Do not use this space.

22075

1. PLACE OF DEATH

County Butler
Township Paplar Bluff
City Paplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3009

File No. _____
Registered No. 137
St. _____ Ward) _____

2. FULL NAME Berice Conover

(a) Residence. No. Paplar Bluff Hospital Paplar Bluff Mo 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 Female 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 Floyd Conover

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10-1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 4 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Broseley Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Charles W. Calvin

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

12. MAIDEN NAME OF MOTHER Indella Mayberry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Butler Co Mo
(STATE OR COUNTRY)

14. INFORMANT Floyd Conover
(Address) Paplar Bluff Mo. RFD 7

15. FILED 7/24/30 D. J. Clem REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1930

17. I HEREBY CERTIFY, That I attended deceased from 7/17, 1930, to 7/23, 1930, that I last saw h. s. r. alive on 7/23, 1930, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever

(duration) yrs. mos. ds. 6 ds.

CONTRIBUTORY (SECONDARY) none

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) D. J. Clem M. D.

7/24 1930 (Address) Paplar Bluff, 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 Black Creek Cemetery DATE OF BURIAL July 24 1930

20. UNDERTAKER M. P. Phelps ADDRESS Paplar Bluff Mo

