

UTC 22 1930

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

Do not use this space.

37056

1. PLACE OF DEATH
 County Platte Registration District No. 695
 Township Pettis Primary Registration District No. 5922
 City (No. St. Ward)

2. FULL NAME Phebe Fannie Calvert
 (a) Residence No. Barhville St. no Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 611
Registered No. 17

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 - 1841

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>89</u>	<u>2</u>	<u>7</u>		

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) (STATE OR COUNTRY) Ky

10. NAME OF FATHER William H Calvert

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

12. MAIDEN NAME OF MOTHER Plinia Calvert

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

14. INFORMANT H. B. Barks
 (Address) Barhville Mo

15. FILED 11/5/30 J. H. Winters
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1930, to Oct 15, 1930, and that that I last saw her alive on Oct 10, 1930, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arteriosclerosis
Cerebral Hemorrhage
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (capillary) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) S. P. Ford, M. D.
 (Address) Barhville 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 Line Creek DATE OF BURIAL Nov 8 1930

20. UNDERTAKER Noland Undertaking Co ADDRESS Barhville Mo

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.

