

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

Do not use this space.

11502

**1. PLACE OF DEATH**

County Jackson  
Township Prairie  
City Deer Summit No. \_\_\_\_\_

Registration District No. 400  
Primary Registration District No. 4225

File No. \_\_\_\_\_  
Registered No. 257  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Calvert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-8-1853</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>55</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frankford Ky</u>		
13. NAME <u>Cyrus Calvert</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Ky</u>		
15. MAIDEN NAME <u>Susan Carr</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Va</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Sam J. Calvert Deer Summit Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deer Summit</u> DATE <u>April-5-1931</u>		
19. UNDERTAKER (ADDRESS) <u>Fields James Co. Deer Summit Mo</u>		
20. FILED <u>W. J. [Signature]</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-3-1931  
22. I HEREBY CERTIFY, That I attended deceased from March 3, 1931, to April 2, 1931.  
I last saw him alive on April 2, 1931. Death is said to have occurred on the date stated above, at 5:50 p.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset 1929  
82.9  
132.6  
Stroke  
9210  
Other contributory causes of importance:  
uremia 4/2/31

Name of operation No Date of \_\_\_\_\_  
What test confirmed diagnosis? Physicist Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Vincent Peters, M. D.  
(Address) 803 Deer Summit, 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. MAY 23 1931

