

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.

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

24 3 1832

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

Do not use this space.

9628

## 1. PLACE OF DEATH

County Platte  
Township Weston  
City Weston (No. 1)

Registration District No. 698  
Primary Registration District No. 4420

File No. ....  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 1853

7. AGE YEARS 78 MONTHS 3 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Weston Platte co Mo. (STATE OR COUNTRY)

13. NAME David Holliday

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

15. MAIDEN NAME Phome Calvert

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Maudie Prosser (ADDRESS) Weston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamell Hill DATE 3-29-1932

19. UNDERTAKER Jos. P. Miller (ADDRESS) Weston Mo.

20. FILED 3/29/1932 Jos. P. Miller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1932

22. I HEREBY CERTIFY, That I attended deceased from March-17, 1932 to Mar-26, 1932

I last saw him alive on March-26, 1932. Death is said

to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic pneumonia

Date of onset

Other contributory causes of importance:

arterio sclerosis

Name of operation clinical Date of no

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19...

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Lewis C. Calvert, M. D.

(Address) Weston, Mo.

