

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

Do not use this space.

35773

**1. PLACE OF DEATH**

County Jackson Registration District No. 209 File No. 4281  
 Township Kew Primary Registration District No. 8003 Registered No. 4281  
 City Kennett City (Not for ambulance enroute to Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 5232 Barrett St. \_\_\_\_\_ 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 <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>Cora Calvert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-30-1880</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>6</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lumber</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>		
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>Carrollton Mo</u>		
13. NAME <u>Sam Calvert</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Rebecca Bantston</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Mrs Calvert 5232 Barrett</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W Washington</u> DATE <u>11/16/32</u>		
19. UNDERTAKER (ADDRESS) <u>O W Man Home 3146 Man St</u>		
20. FILED <u>Nov. 15 1932 M. M. Grove</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1932 to Nov 14, 1932  
 I last saw h, in alive on Nov. 14, 1932 Death is said to have occurred on the date stated above, at 11:32 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Perforated Gastric Ulcer  
Peritonitis  
117A 117A  
 Other contributory causes of importance:  
(3)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Manis E Johnston M.D.  
 (Address) 2105 S. Park Ave. T.C. 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.

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