

DEC 19 1934

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

Do not use this space.

40297

## 1. PLACE OF DEATH

County

Pettis

Registration District No.

668

Township

Sedalia

Primary Registration District No.

3032

City

Sedalia

(No.)

St.

Ward)

## 2. FULL NAME

James McBagen Calvert

(a) Residence, No.

1-847 W 7th St

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

9 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Nancy Elizabeth Calvert Died 1901

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

Aug. 7 1844

7. AGE

YEARS

90

MONTHS

3

DAYS

17

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Farmer

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)

1901

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Near Jefferson City Cole Co Mo

13. NAME

Elias Calvert

FATHER

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

Don't Know

MOTHER

15. MAIDEN NAME

Cesiah Hughes

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

Don't Know

17. INFORMANT (ADDRESS)

E. L. Calvert Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hickory Point

DATE 11/26 1934

19. UNDERTAKER (ADDRESS)

L. L. Ream Green Ridge Mo

20. FILED

11-25 1934

Registrar.

## 4 MEDICAL CERTIFICATE OF DEATH

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

Nov. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 3 1934 to Nov. 24 1934

I last saw him alive on Nov. 22 1934. Death is said

to have occurred on the date stated above, at 9:50 p.m.

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

Fracture of hip.

Date of onset

Nov 15 1934

Other contributory causes of importance:

Chronic myocarditis &amp; chronic nephritis

Name of operation

None

Date of operation

What test confirmed diagnosis

Chronic nephritis

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

Accident, suicide, or homicide? No Date of injury Dec 15 1934

Where did injury occur? at his home (Specify city or town, county, and State)

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

Manner of injury fall &amp; fracture left hip

Nature of injury fracture left hip

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

If so, specify

(Signed)

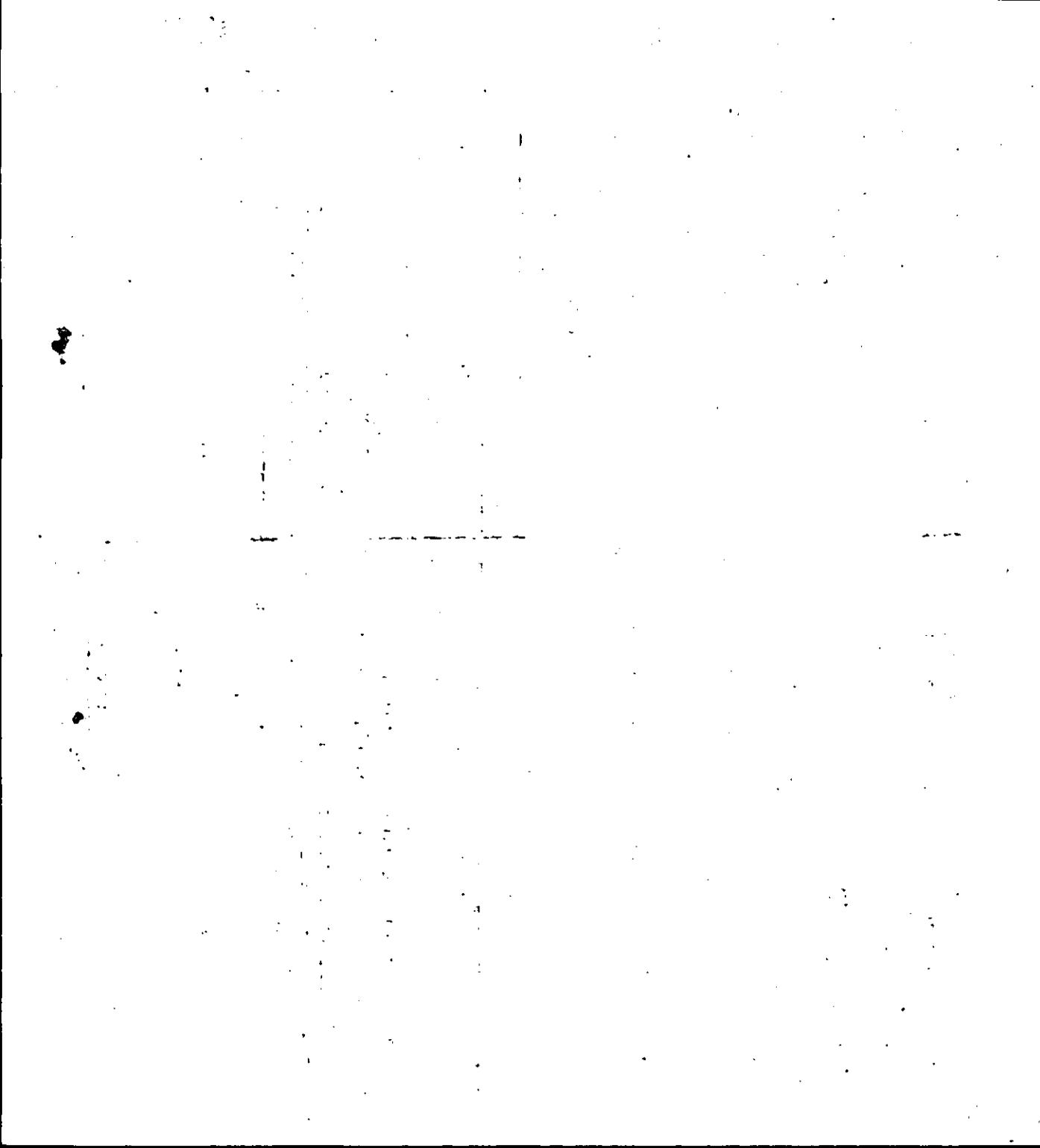
E. L. Calvert

M. D.

(Address)

Sedalia Mo

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.



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis  
Township  
City Redulia (No. \_\_\_\_\_)

Registration District No. 668  
Primary Registration District No. 3032

File No. 393  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

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

James Mc Cagen Calvert

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ thru \_\_\_\_\_ or \_\_\_\_\_

OCCUPATION 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) (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 11-25, 1934 John Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

SUPPLEMENTARY

JAN 31 1955

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