

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

Do not use this space.

JAN 18 1935

42987

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1012
 City Kansas City (No. St. Luke's Hospital) St. _____ Ward _____

File No. _____
 Registered No. 1012
 St. _____ Ward _____

2. FULL NAMEEllen Rebecca Calvert

(a) Residence, No. 531 Gladstone Blvd. 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>Female</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>George Calvert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 31, 1902</u>		
7. AGE	YEARS	MONTHS
	<u>31</u>	<u>11</u>
		<u>10</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</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>Weston Missouri</u>
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13. NAME	<u>W. C. Polk</u>
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Missouri</u>
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15. MAIDEN NAME	<u>Minnie Hillix</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Missouri</u>
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17. INFORMANT (ADDRESS)	<u>George Calvert 531 Gladstone Blvd</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Weston, Mo.</u> DATE <u>12-13</u> , 19 <u>34</u>
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19. UNDERTAKER (ADDRESS)	<u>Steele & Mc Cleary 2235 Luthyway Plaza</u>
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20. FILED	<u>Dec 14 1934 M. M. Brown</u> <u>asm Registrar.</u>
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MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1934, to Dec 10, 1934
 I last saw her alive on Dec 10, 1934. Death is said to have occurred on the date stated above, at _____ P. 8:30
 The principal cause of death and related causes of importance were as follows:

Diffuse suppurative
peritonitis
acute perforative appendicitis
(gangrene) 40 hrs. old.

Other contributory causes of importance:
acute perforative appendicitis
(gangrene) 40 hrs. old.

Name of operation appendectomy Date of Dec 13
 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) E. P. Miller, M. D.
 (Address) 1032 Parkman
K. C. Mo.

5432 Wyandotte