

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.

MAR 24 1936

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

Do not use this space.

7123

1. PLACE OF DEATH  
 County Platte Registration District No. 664  
 Township EIK Fork Primary Registration District No. 3-883  
 City (No. ) St. Ward

2. FULL NAME Mary Jane Calvert  
 (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.  
 SA, IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emi Calvert  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7-1842  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
94 0 20  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) near Rockport Mo  
 MOTHER FATHER 13. NAME Ganland Hannis  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 15. MAIDEN NAME Julina Perkins  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York  
 17. INFORMANT Mrs W. H. Kendrick (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dickinson Court DATE 2/29 36  
 19. UNDERTAKER J. L. Ream (ADDRESS) Green Ridge Mo  
 20. FILED Mar 9 1936 U. R. Shulley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1936  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936 to Feb 27 1936  
 I last saw her alive on Jan 10 1936. Death is said to have occurred on the date stated above, at 6:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis Date of onset 20 Y.  
1/31  
 Other contributory causes of importance:  
Chronic valvular disease of heart D.K.  
 Name of operation Date of  
 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? 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) H. A. Hite M. D.  
 (Address) Green Ridge, Mo.

