MAR 22 1937

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

Do not use this space.

6976

File No. 18

Registered No.

1. PLACE OF DEATH

County Lafayette — Registration District No. 461

Township Lexington — Primary Registration District No. 5625

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Infant Daughter of Mr. and Mrs. Robert Calvert

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): -------

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1937

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

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) Lexington, Mo.

FATHER

13. NAME Robert Calvert

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

MOTHER

15. MAIDEN NAME Pauline Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Mo.

17. INFORMANT (ADDRESS) Robert Calvert, Lexington, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lexington, Mo. DATE Feb 16, 1937

19. UNDERTAKER (ADDRESS) Winkler Lexington, Mo

20. FILED Feb 16, 1937 F. B. Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937, to —, 19

I last saw her ~~alive on~~ Feb. 15, 1937. Death is said to have occurred on the date stated above, at 3 p. m.

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

Still Born — Date of onset

Other contributory causes of importance:

Pressure on cord - Prolapse -

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) B H Brasher, M. D.

(Address) Lexington 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.