JUL 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County Morgan — Registration District No. 919 — File No. 24391
Township Hawk Creek — Primary Registration District No. 4551 — Registered No. 19
City Stover (No. ..... St. ..... Ward)

2. FULL NAME Calvin James Harry
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie E Lehman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1872
7. AGE YEARS 65 MONTHS 0 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. Jeweler
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) Mar 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dry Run Penna

FATHER
13. NAME Titus Harry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Phoebe C Beers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Joseph Harry Nevada Mo
18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Forrest Hill Cem DATE June 25 1937
19. UNDERTAKER (ADDRESS) C. R. Kapp & Son Stover Mo
20. FILED July 10 1937 Wm L Ripperger Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1937
22. I HEREBY CERTIFY, That I attended deceased from ..... 1936, to June 23, 1937
I last saw him alive on June 28, 1937. Death is said to have occurred on the date stated above, at 6 20 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation | 1937 |

Other contributory causes of importance: 92

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ..... 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) Chas A Wiest, M. D.
(Address) Stover 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.

WHITE PENCIL, WITH UNFADING INK—THIS IS A PERMANENT RECORD