

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

Do not use this space.

16496

1. PLACE OF DEATH
 County Hopewell Registration District No. 355
 Township Davis Primary Registration District No. 5497
 City (No. _____) St. _____ Ward _____

2. FULL NAME Frank M Calverd
 (a) Residence, No. _____ 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.

File No. _____
 Registered No. 2
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED (write name of HUSBAND OF (OR) WIFE OF) Anna Calverd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>84</u>	<u>4</u>	<u>9</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer

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) ky

MOTHER FATHER

13. NAME Thomas Calverd

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

15. MAIDEN NAME Elyzabeth Peters

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

17. INFORMANT Mrs Nettie Calverd
 (ADDRESS) Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5/22 34

19. UNDERTAKER Spencer Saw
 (ADDRESS) Clinton mo

20. FILED 6-8 1934 W E Daggarty Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from may, 1932, to may 18, 1934
 I last saw him alive on may 17, 1934 Death is said to have occurred on the date stated above, at 5 P m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 52A
97
97
 Other contributory causes of importance:
arterial Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) J B Huxington, M. D.
 (Address) Clinton mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 21 1934

