APR 28 1930

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

Do not use this space.

8134

1. PLACE OF DEATH
County Clinton — Registration District No. 208 — File No.
Township Hardin — Primary Registration District No. 5288 — Registered No.
City Trimble (No. ... St. ... Ward)

2. FULL NAME H. G. Calvert

(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.

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 → Fannie Calvert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-4-1858

7. AGE: Years 71 — Months 6 — Days 4 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Frank M. Calvert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Bettie Calvert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Platte Co Mo

14. INFORMANT Mrs Lena Douthitt
(Address) Trimble Mo

15. FILED 4-12 1930 Mrs. J A Clarke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch-8-1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1930 to Mar 8, 1930 that I last saw him alive on Mar 8, 1930, and that death occurred, on the date stated above, at 6-15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
[illegible]
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 14a1
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. F. Rupe, M.D
, 19 (Address) Smithville Mo. R#2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Stony Point Cem — DATE OF BURIAL: Mch-10-1930

20. UNDERTAKER: W. H. Rollins — ADDRESS: Edgerton 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.