

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

Do not use this space.

42074

1. PLACE OF DEATH

County..... Registration District No. FOR
Township..... Primary Registration District No. NER
City St. Louis mo. (No. Quincy, Hosp.)

File No.....
Registered No. 11198
St. Ward)

2. FULL NAME

(a) Residence, No. Wichita, Kans St., 12 Ward.

Wichita Kansas
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Muel Calvert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1888-9-4</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>3</u>	DAYS <u>12</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Switthman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Frees RR 123</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kans</u>
	13. NAME <u>W^m. Calvert</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	15. MAIDEN NAME <u>Cora McLoake</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kans</u>
	17. INFORMANT (ADDRESS) <u>Muel Calvert</u> <u>Wichita, Kans</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wichita, Kans</u> DATE <u>12/16/32</u>
	19. UNDERTAKER (ADDRESS) <u>Robert Thompson, 7 no.</u> <u>Large Market, Kansas</u>
20. FILED <u>DEC 16 1932</u>	

Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-12-, 1932, to 12-14-, 1932.
I last saw him alive on 12-15-, 1932. Death is said to have occurred on the date stated above, at 8:15 A., m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset

Other contributory causes of importance:
Bilateral Trigeminal Nerve

Name of operation Hernioplasty Date of 12-13-32
What test confirmed diagnosis? Phys. Exam Was there an autopsy? no

23. If death was due to external causes (violent), 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) P. Hayes, M. D.
(Address) 49 W. Franklin
St. Louis 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.

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