

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Pocahontas
City (No.) (St.) (Ward)

Registration District No. 74
Primary Registration District No. 5113

File No. 7831
Registered No. 7

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Baby</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Baby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9 - 1934</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
	<u>17</u>	DAYS
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baby</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>v</u>
	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) Brown Ste Mo

13. NAME Robert Calvert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

15. MAIDEN NAME Saxie Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co - Mo

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Carland DATE 3-27-1934

19. UNDERTAKER (ADDRESS) R.O. Weelite

20. FILED 4/6/1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-1934

22. I HEREBY CERTIFY, That I attended deceased Lucile March 26, 1934, to

I last saw h. alive on, 19... Death is said

to have occurred on the date stated above, at 2 A. m.

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

Pneumonia Date of onset
Pneumonia
107 P
107 A
Other contributory causes of importance:
Deficient from birth.

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?

If so, specify

(Signed) E. W. Davis, coroner M. D.

(Address) 600 Main St Mo

1414 Paris Road.

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.

1934

From the [unclear]

to the [unclear]

Boone

7831

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lucile Gladys Calvert
Who died at _____ on Mar 26-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: S

Date of birth Feb 9-1934 Age: Years _____ Months 1 Days 17

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Pneumonia pulmonary
Broncho pneumonia - child not premature

Other contributory causes of importance Delicate from birth

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician E. G. Davis Coroner

Address of physician Columbia Mo

Signature of Registrar Mrs. J. L. Fawcett 10/6/34. Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 74

Primary Reg. Dist. No. 2-113

Very truly yours,

E. T. McGaugh

Special Agent.

1934
S-7851