

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.

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

Do not use this space. (2)

43603

1. PLACE OF DEATH ²
 County DePoyette Registration District No. 461
 Township Livingston Primary Registration District No. 5625
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME ⁴¹⁶ Julia Mary Calvert
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lloyd Calvert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 2 13

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

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) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from J. W. Gaither, 1936, to Dec 6 1938
 I last saw her alive on Dec 6, 1938 Death is said to have occurred on the date stated above, at 7:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____
Arterial Hypertension
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo.

13. NAME J. W. Gaither

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 19

15. MAIDEN NAME Abbie Mc Gee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 91

17. INFORMANT Lloyd Calvert
 (ADDRESS) Livingston, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Livingston, Mo DATE Dec 8 1938

19. UNDERTAKER Dentler
 (ADDRESS) Livingston, Mo

20. FILED Jan 3 - 1939 Delia Y. Aldred
 Registrar.

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) Bob Brashe, M. D.
 (Address) Livingston Mo 890

Bureau

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1/12/39

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

43603
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 461
(b) Township Lebanon Primary Registration District No. 5670 Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Julia Mary Calvert

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS 49 MONTHS 2 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
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)

13. NAME J. W. Gaither

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Abbie McGee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 5 1939 Delia Pater Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19__ to _____ 19__

I last saw h. _____ alive on _____ 19__ Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

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

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) B. H. Brushner, M. D.

(Address) Lexington Mo.

WHILE PLAINLY, WITH UNPAIDING INTENTIONS IS A TENDENCY TO BE OBSERVED IN THE REGISTERING SMALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

SUPPLEMENTARY

