

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

21504

Do not use this space.

1. PLACE OF DEATH
 (a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006 Registered No. 125
 (c) City Columbia (d) Street No. Boone Co. Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maudie Grace Calvert
 (a) Residence, No. Route 6 - Mexico Gravel 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 Female 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 Oliver Calvert
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 23

OCCUPATION 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. Housewife
 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) Greenridge Mo

FATHER 13. NAME Charles Kyd

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

MOTHER 15. MAIDEN NAME Margurete Mackey

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

17. INFORMANT (ADDRESS) Oliver Calvert
Route 6 Columbia

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. O. Willett
Columbia Mo.

20. FILED 6/10/39 Allie Selby
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1939, to June 9th 1939
 that saw her alive on June 9, 1939 Death is said to have occurred on the date stated above, at 4:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Myo-cardial insufficiency with coronary atherosclerosis
 Date of onset March 1939

Other contributory causes of importance:
hypertension 27
bilateral 1926

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? NO
 If so, specify _____
 (Signed) E. P. Baskin M. D.
74 (Address) Columbia 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ *me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Lyman H. Sprinkle

Licensed Embalmer No. *4013*

P. O. Address. *Columbia, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.