

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

Do not use this space.

23633

AUG 10 1927

1. PLACE OF DEATH
 County Buchanan Registration District No. 45 File No. _____
 Township _____ Primary Registration District No. 1001 Registered No. 791
 City St. Joseph, Mo. (No. Missouri Methodist Hospital) St. _____ Ward _____

2. FULL NAME Joseph C. Calvert
 (a) Residence. No. 217 South 18th Streets Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 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 Margaret A. Calvert
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unk. 1842
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 | Unknown | _____ | _____ | _____
 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) Retired
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER William H. Calvert
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

14. INFORMANT William C. Calvert
 (Address) Muskogee, Oklahoma

15. FILED AUG 9 19 1927
John G. Webb REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 5, 1927
 17. I HEREBY CERTIFY That I attended deceased from July 28, 1927, to Aug 5, 1927
 that I last saw h.l.m. alive on July 28, 1927 and that death occurred, on the date stated above, at 6:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertrophy of Prostate
157000000
1320 (duration) yrs. 12 mos. ds.
 CONTRIBUTORY Uremia - Broncho Pneumonia
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: (today)
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 1, 1927
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
 (Signed) H. G. Thompson M. D.
8/8, 1927 (Address) 825 Charles & 5th

*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 Savannah Mo DATE OF BURIAL 8/9 1927

20. UNDERTAKER Fleeman - Paris ADDRESS 1208 Francis

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.

