

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

Do not use this space.

25740

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. Missouri Methodist Hospital St. _____ Ward _____)

File No. _____
 Registered No. 866

2. FULL NAME Mary Belle Calvert,

(a) Residence, No. 2719 Delaware St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 John Lewis Calvert,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>6</u>	<u>17</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) August 1933 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) Clay County,
 (STATE OR COUNTRY) Missouri,

13. NAME Moses Hirkley,

14. BIRTHPLACE (CITY OR TOWN) Clay County,
 (STATE OR COUNTRY) Missouri,

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) Clay county,
 (STATE OR COUNTRY) Missouri

17. INFORMANT: Gussie Calvert
 (ADDRESS) 2719 Delaware Street,

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City Cem. DATE Sept. 1, 1933

19. UNDERTAKER Theaton-Belmont
 (ADDRESS) 314 So. 19th St. Kansas City

20. FILED 1933
John R. Blum
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1933, to Aug 30, 1933

I last saw her alive on Aug. 30, 1933 Death is said to have occurred on the date stated above, at 8:30 pm.

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

Hypertensive Heart Disease?
Pos. Cerebral Hemorrhage
Pos - Uremia
 Date of onset _____
950
872
137 B
8291

Other contributory causes of importance _____

Name of operation NO Date of _____
 What test confirmed diagnosis? Physic. 228 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? NO
 If so, specify _____

(Signed) John S. Hardin, M. D.
 (Address) MO. Methodist Hospital

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.

SEP 26 1933

MEMORANDUM FOR THE DIRECTOR, FBI

RE: [Illegible]

[Illegible]