

JAN 5 1936

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

Do not use this space.

38612

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

File No. _____
Registered No. 1278

2. FULL NAME

Francis Marion Calvert

(a) Residence, No. 1422 So. 11th St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lou Calvert</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 10, 1864</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>8</u>	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>			
	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) <u>1923</u>		11. Total time (years) spent in this occupation <u>30</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte Co., Mo.</u>				
FATHER	13. NAME <u>Unknown Calvert</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ky.</u>			
	15. MAIDEN NAME <u>Bettie Calvert</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown UNKNOWN</u>			
	17. INFORMANT (ADDRESS) <u>Mrs. Ruby Graves St. Joseph, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grayson, Missouri</u> DATE <u>Dec. 8, 1935</u>				
19. UNDERTAKER (ADDRESS) <u>Walter Meindorfer 1302 Farson St., St. Joseph, Mo.</u>				
20. FILED <u>2-6-</u> 19 <u>35</u> <u>John R. Berda, Registrar</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1935

22. I HEREBY CERTIFY, That I attended/deceased on Dec. 5, 1935, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:
Concussion of Brain & Shock Right arm fractured left leg fractured. Date of onset _____

Other contributory causes of importance:
Struck by automobile 26

Name of operation none Date of _____

What test confirmed diagnosis? Chem. Anal. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/5, 1935
Where did injury occur? St. Joseph, Mo. 7th & Walnut Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury Struck by automobile

Nature of injury concussion & shock

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) James Thomas Coroner, M. D.
(Address) 731 Farson

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.

