MAR 16 1928

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 4114

Township — Primary Registration District No. 1001 — Registered No. 711

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Eliza Cuma Call

(a) Residence. No. St., Ward. DeKalb, Missouri.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 23, 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	3	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home, 46E 122B
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hamburg,
(STATE OR COUNTRY) Iowa,

PARENTS

10. NAME OF FATHER Thomas Coats,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Melissa Womach,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Wm C. Call
(Address) DeKalb, Missouri.

15. FILED 20 1928 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1928, to Feb 17, 1928 that I last saw her alive on Feb 16, 1928, and that death occurred, on the date stated above, at 7 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of colon

45 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal obstruction

(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? DeKalb Mo

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. F. Schmied, M.D.

Feb 18, 1928 (Address) St Joseph Mo

*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: Union Cemetery — DATE OF BURIAL: Feb. 19, 1928

20. UNDERTAKER: Heaton-BeGole & Bowman — ADDRESS: 319 S. 10 St. Funeral Home

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.