25 1928

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

Do not use this space.

16939

File No. .....

Registered No. 5

1. PLACE OF DEATH

County: Howell — Registration District No. 384

Township: Benton — Primary Registration District No. 5535

City: West Plains, Mo. (Gainesville Rt.) (No. ....., ... St. ..... Ward)

2. FULL NAME: Minerva Jane Callahan

(a) Residence. No. Gainesville Rt. (Usual place of abode) West Plains, Mo. St. ..... Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 67 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 OF~~: G. R. Callahan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 16 - 1860

7. AGE: Years 67 | Months 9 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEACESED

(a) Trade, profession, or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Home.

(c) Name of employer: ....

9. BIRTHPLACE (CITY OR TOWN) .....

(STATE OR COUNTRY) Howell Co., Missouri

PARENTS

10. NAME OF FATHER: Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ? (STATE OR COUNTRY) ?

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ? (STATE OR COUNTRY) ?

14. INFORMANT: Ashed Callahan

(Address) Ardatta, Mo

15. FILED June 4, 1928 — J. V. Black, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 25 1928

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1928, to May 25, 1928, that I last saw h... alive on March 5, 1928, and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

General Arteriosclerosis

Chronic Cardiac Dilatation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Obesity

(duration) 18 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? .....

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. Claude Bohrer, M. D.

5-28-, 1928 (Address) West Plains, 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: Big Spring — DATE OF BURIAL: May 26 1928

20. UNDERTAKER: W S Wright — ADDRESS: Ardatta Mo

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.