

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.

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

Do not use this space.

21378

**1. PLACE OF DEATH**

County Newton  
 Township Seneea  
 City Seneea (No.         )

Registration District No. 611  
 Primary Registration District No. 4065

File No.           
 Registered No.          St.          Ward         

**2. FULL NAME**

Estes Lloyd Callahan

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

Length of residence in city or town where death occurred yrs. mos. 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)         

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**         

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** May 6 - 23

**7. AGE** YEARS MONTHS DAYS | If LESS than 1 day,          hrs. or          min.  
5 | 1 | 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work           
 (b) General nature of industry, business, or establishment in which employed (or employer)           
 (c) Name of employer         

**9. BIRTHPLACE (CITY OR TOWN)** Seneea  
 (STATE OR COUNTRY) Kans

**10. NAME OF FATHER** A.F. Callahan

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

**12. MAIDEN NAME OF MOTHER** Lucy Henderson

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

**14. INFORMANT** A.F. Callahan  
 (Address) Seneea Mo

**15. FILED** 6/20 1928  
C.E. Morris  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** June 18 1928

**17. I HEREBY CERTIFY** That I attended deceased from June 8 1928 to June 18 1928  
 that I last saw          alive on June 17 1928 and that death occurred, on the date stated above, at          m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**  
Lobar Pneumonia

**CONTRIBUTORY (SECONDARY)**           
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH         

DID AN OPERATION PRECEDE DEATH          DATE OF         

WAS THERE AN AUTOPSY         

WHAT TEST CONFIRMED DIAGNOSIS         

(Signature) R.B. Anderson, M. D.  
 (Address) Seneea 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** Baptist Cemetery | **DATE OF BURIAL** 6/19 1928

**20. UNDERTAKER** Norman E. Mitchell | **ADDRESS** Seneea

