26 1928

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

Do not use this space.

36427

File No. 16

Registered No. 26

1. PLACE OF DEATH

County Clinton

Township Concord

City Plattsburg (No. ..... St. ..... Ward)

Registration District No. 107

Primary Registration District No. 4176

2. FULL NAME John 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 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Dianthia Callahan.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1 1844.

7. AGE: Years 83 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Owen County (STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Michael Callahan

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

12. MAIDEN NAME OF MOTHER Ellen Sullivan

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

14. INFORMANT Jeff Callahan (Address) Plattsburg Mo.

15. FILED Nov 26, 1928 [signature] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1928, to Nov 22, 1928, that I last saw h. alive on Nov 22, 1928, and that death occurred, on the date stated above, at 10 28 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrage, (Apoplexy)

7401 8228

(duration) ..... yrs. 17 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) P. W. Beckman, M. D

Nov 24, 1928 (Address) Plattsburg 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: Plattsburg Mo. DATE OF BURIAL: 11-23 1928

20. UNDERTAKER: Basil A. Nelson ADDRESS: Plattsburg 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.