WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

✓ 37148

File No. 4800

Registered No. .....

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City Mo (No. St Lukes Hos St. ..... Ward)

2. FULL NAME Mary A McCallister
(a) Residence. No. 1331 Waverly K C Kans 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: 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: Smith McCallister

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 11 - 1853

7. AGE: YEARS 74 — MONTHS 11 — DAYS ~~21~~ 17 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Perry County
(STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: Lorenzo Dyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): dont Know
12. MAIDEN NAME OF MOTHER: Charlotte Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Perry Co
(STATE OR COUNTRY): Indiana

14. INFORMANT: W R McCallister
(Address): 1331 Waverly K C Kans

15. FILED 11/28 1928 M M Crowl asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 28 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 11.22, 1928, to 11.28, 1928, that I last saw her alive on 11.27, 1928, and that death occurred, on the date stated above, at 2 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
R. Lobar Pneumonia
1012
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arterio-Sclerosis
(duration) 15 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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Xray
(Signed) F. S. Willhoyt M.D.
11/28, 1928 (Address) 4748 Prospect

*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: Rockville Indiana
DATE OF BURIAL: Nov 28 1928

20. UNDERTAKER: John W Wagner
ADDRESS: 1409 Grand Ave

Dr. T. Wilson
48- Prospect ave
Wa 5567
2 to 5