

JAN 22 1929

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

Do not use this space.

40070

1. PLACE OF DEATH

County DeKalb  
Township Palp  
City

Registration District No. 5364  
Primary Registration District No. 2682

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Leborah E. Call

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George M. Call

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 22, 1837

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
91 8 1

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Pa.

10. NAME OF FATHER Isiah Reader

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

12. MAIDEN NAME OF MOTHER Mary Pittenger

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

14. INFORMANT G. W. Call  
(Address) King City, Mo

15. FILED 12/4/28 E. M. Reynolds  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928 to Dec 23, 1928  
that I last saw her alive on Dec 21, 1928, and that death occurred, on the date stated above, at 1:40 p.m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:

118  
Influenza  
CONTRIBUTORY (SECONDARY) 118  
(duration) yrs. mos. da. 7 da.

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.....  
(Signed) E. M. Reynolds, M. D.  
1928 (Address) Union Star 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 Winslow Cemetery DATE OF BURIAL 12/24/28

20. UNDERTAKER H. L. Wilson ADDRESS King City, 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.

