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

Do not use this space.

1798

1. PLACE OF DEATH — County: Jackson — Registration District No. 399 — File No. 310
Township: East — Primary Registration District No. 1002 — Registered No.
City: Kansas City — No. 517 — East 29th — St. — Ward)

2. FULL NAME: Ruth Marie Callahan

(a) Residence. No. 517 E. 29th St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	wh	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Walter E. Callahan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 6, 1901

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
27	9	20	

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): Kansas City
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: John Nelon
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Mary Searea
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo.

14. INFORMANT: Walter E. Callahan
(Address): 517 E. 29th St.

15. FILED: 1/26, 1929 — M. M. Crum, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1929, to Jan 26, 1929, that I last saw h.e.l. alive on Jan 26, 1929, and that death occurred, on the date stated above, at 8:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
Pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis
(duration) 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? None

(Signed) C. M. Freeman, M. D.
1/26, 1929 (Address) 407 Waldheim Bldg

*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: Mt. St. Mary's — DATE OF BURIAL: 1/28 1929

20. UNDERTAKER: D. A. Newcomer's — ADDRESS: Kans. K. C. 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.

PERMANENT RECORD