

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.

1800

1. PLACE OF DEATH

County Jackson
Township Ray
City Stano Rte

Registration District No. 399

Primary Registration District No. 1002

File No. 392
Registered No. 392
St. Ward

2. FULL NAME

(a) Residence. No. 1002 St. Ward

(Usual place of abode) Goshland Mo.
(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

F

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

W. R. Calloway

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

Jul 22-1867

7. AGE

YEARS 61 MONTHS 6 DAYS 3
If LESS than 1 day, — hrs. or — min.

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) (STATE OR COUNTRY)

Carrollton Mo.

10. NAME OF FATHER

Henry Cary

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

Carrollton Mo.

12. MAIDEN NAME OF MOTHER

Mary Trotter

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

Carrollton Mo.

14.

INFORMANT F. L. Morgan, M.D.
(Address) Higginsville

15.

FILED 1/16 1929 Don C. Carr
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1929

17. 13 HEREBY CERTIFY, That I attended deceased from Jan 25 1929 to Jan 25 1929
that I last saw h.w. alive on Jan 25 1929, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

403
1277 Inanition
(duration) yrs. mos. ds.

CONTRIBUTORY Carcinoma of Bile ducts
(SECONDARY) with obstruction
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Goshland, Mo.
IF NOT AT PLACE OF DEATH, DATE OF Jan 17-1929

19. WAS THERE AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 17-1929
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical Ex.
(Signed) Ray L. Strubbs M. D.
1-75, 1929 (Address) 910 Reata 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. Cancer

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Higginsville Mo
DATE OF BURIAL 1/27/29

20. UNDERTAKER R. P. Hurdley & Sons
ADDRESS HC Mo

