109

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

Do not use this space.

13645

1929

1. PLACE OF DEATH

County Warren Registration District No. 884 File No.

Township Charette Primary Registration District No. 6176 Registered No. 7 Th.

City (No. St. Ward)

2. FULL NAME Samuel Elbert McCallen

(a) Residence. No. Emmanuel Homer St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna McCallen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 19, 1867

7. AGE: 62 YEARS, 1 MONTHS, 9 DAYS. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(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): Md.

PARENTS

10. NAME OF FATHER: Not known.

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

12. MAIDEN NAME OF MOTHER: Not known.

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

14. INFORMANT: C. G. Sturm
(Address) Marthasville, Mo.

15. FILED Mar 28, 1929 G C Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1929, to Mar 28, 1929, that I last saw him alive on Mar 28, 1929, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): High Blood Pressure (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Yes

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) G C Johnson, M.D.

, 19 (Address) Marthasville 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: St Louis Mo

DATE OF BURIAL: Mar 30 1929

20. UNDERTAKER: Fred Lichtenberg

ADDRESS: Marthasville 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.