JUN 27 1929

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

Do not use this space.

19068

1. PLACE OF DEATH
County Polk — Registration District No. 701 — File No.
Township Marion — Primary Registration District No. 6930 — Registered No. 40
City (No. St. Ward)

2. FULL NAME Benjamin Hardin Callaway Jr.
(a) Residence. No. St., 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: 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)~~ Ella Callaway.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11. 1866

7. AGE: 62 YEARS — MONTHS: 7 — DAYS: 8 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER B. H. Callaway Sr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Polk Co.
(STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Amanda Whitmire
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Missouri.

14. INFORMANT Walter Callaway
(Address) Bolivar Mo.

15. FILED May 21, 1929 J. T. Roberts
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1929

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1929, to May 19, 1929 that I last saw him alive on May 19, 1929, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
82A
11B
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) yrs. mos. 1 ds.

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) D. E. Hammonthee, M. D
May 21, 1929 (Address) Bolivar, 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: Mt. Gilead Cemetery — DATE OF BURIAL: 5/21 1929

20. UNDERTAKER: White and Co. — ADDRESS: Bolivar Mo.

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.