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

Do not use this space.

File No. 41415

Registered No. 69

1. PLACE OF DEATH
County: Miller
Township: Tuckaue
City: Eldon (No. ..... St. ..... Ward)
Registration District No. 561
Primary Registration District No. 4320

2. FULL NAME: Ulysses Grant Callahan
(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Emma Callahan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 15, 1863

7. AGE: Years 66 | Months 1 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Railroad Conductor
(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): Illinois

PARENTS
10. NAME OF FATHER: Adam Callahan
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mattoon (STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Louise Evans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Terre Haute (STATE OR COUNTRY): Indiana

14. INFORMANT: Emma Callahan
(Address): Eldon. Mo

15. FILED: 12-26 1929 Belle Haynes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): DEC 23 1929

17. I HEREBY CERTIFY, That I attended deceased from 12/17, 1929, to 12/23, 1929, that I last saw him alive on 12/22/29, 1929, and that death occurred, on the date stated above, at 2:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Arrythmia, Angina, 9 Mo.
Dont Know (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... 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) G. D. Walker, M. D.
, 19 (Address) Eldon 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: Eldon. Mo. Eldon Cem.
DATE OF BURIAL: DEC 24 1929

20. UNDERTAKER: W A Phillips
ADDRESS: Eldon. 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.

THIS IS A PERMANENT RECORD