

APR 30 1930

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

Do not use this space.

5565

1. PLACE OF DEATH

County Lewis

Registration District No. 477

Township Canton

Primary Registration District No. 4286

City Canton

(No.                     )

File No.                     

Registered No. 9

St.                      Ward)                     

2. FULL NAME

(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

Virginia Callender

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 2 - 1849

7. AGE

YEARS 80

MONTHS 11

DAYS 23

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired College

(b) General nature of industry, business, or establishment in which employed (or employer) President

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Switzerland

(STATE OR COUNTRY) Chaut de Fonds

10. NAME OF FATHER Albert Johann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helen Matilda Russ

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wald Germany

(STATE OR COUNTRY)

14. INFORMANT Mrs. Carl Johann

(Address) Canton, Mo

15. FILED 226 19. 30 H. W. Harris

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1929 to Feb 25 1930 that I last saw him alive on Feb. 25 1930 and that death occurred, on the date stated above, at 3:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Nephritis  
131 Nephritis  
139  
135B (duration) yrs. mos. ds.

CONTRIBUTORY Prostatitis & cystitis (SECONDARY) (duration) 2 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 no

WHAT TEST CONFIRMED DIAGNOSIS Lab. & symptoms

(Signed) A. J. Kellard

, 19                      (Address) Canton

\*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 DATE OF BURIAL

Eureka Ill Feb. 28 1930

20. UNDERTAKER ADDRESS

F. D. Kelly Canton, Mo.

K. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

