

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

*Callaway*  
Do not use this space.

21168

**1. PLACE OF DEATH**

County Green

Registration District No. 318

Township Springfield Mo.

Primary Registration District No. 204

City Springfield Mo.

Springfield Dep. Dist.

File No. ....

Registered No. 493

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Crocker Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
16 4 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Clorb Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Fay Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Clorb Payne Crocker Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Mo DATE 6/25 1931

19. UNDERTAKER (ADDRESS) German Lohmeyer Springfield Mo

20. FILED 625 1931 For Sharp Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1931

I HEREBY CERTIFY that I attended deceased from June 24 1931, to June 25 1931

I last saw him alive on June 25 1931 Death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from 1. Ulcer (Primary cause 6/28/31) 2. Unknown - Had 3. Moderately enlarged spleen 4. I had had splenectomy since baby  
Date of onset  
or may have been due to bleeding duodenal ulcer

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accidents, suicide, or homicide Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Ray D Callaway, M. D.

(Address) Springfield 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.

JUL 24 1931

