

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

Do not use this space.

24713

**1. PLACE OF DEATH**

County Franklin Registration District No. 297  
 Township Washington Primary Registration District No. 3016  
 City Washington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 88

**2. FULL NAME** Jefferson Franklin Mc.Callister

(a) Residence, No. West of Washington R.F.D. 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. 11 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 Lillian Elizabeth Mc.Callister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 3 9

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

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) Mar 30, 1931. 11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo. R.F.D.

13. NAME James S. Mc.Callister

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo. R.F.D.

15. MAIDEN NAME Virginia Armstrong.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo. R.F.D.

17. INFORMANT Lillian Elizabeth Mc.Callister (ADDRESS) Washington, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cem. DATE 7/16/31

19. UNDERTAKER Nieburg & Vitt, Inc. (ADDRESS) Washington, Mo.

20. FILED July 16, 1931 O. L. Mendenhall Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/13/31 1931

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to July 13, 1931. I last saw him alive on July 13, 1931. Death is said to have occurred on the date stated above, at 7:10 P.M.

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

Myocarditis Chronic Date of onset not known

Other contributory causes of importance: 936 730

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931

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) Frank G. May, M. D.  
 (Address) 509 21st St. Washington 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.

AUG 26 1931

