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

Do not use this space.

1. PLACE OF DEATH
County Bates — Registration District No. 30 — File No. 33552
Township — Primary Registration District No. 3004 — Registered No. 68
City Butler (No. Community Hospital St. Ward)

2. FULL NAME Lewis L. McCall

(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: Mrs L. McCall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 27 1868

7. AGE: YEARS 63 — MONTHS 0 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
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): Missouri

FATHER
13. NAME: Matthew McCall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

MOTHER
15. MAIDEN NAME: Margaret Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

17. INFORMANT (ADDRESS): Mrs Lewis McCall Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodfin Cemetary DATE Oct 22 1931

19. UNDERTAKER (ADDRESS): Mrs Lewis McCall Butler Mo

20. FILED Oct 21 1931 Nina L Culver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20th 1931

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1931, to Oct. 20, 1931
I last saw him alive on Oct 20, 1931 Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

Internal injuries, Skull fracture or Concussion brain 210M

Other contributory causes of importance:

Car Wreck

Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-17 1931
Where did injury occur? Highway # 71 Butler Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Road.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Carter H. Luter, M. D.
(Address) Butler, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Bates — Registration District No.: 50
Township: — Primary Registration District No.: 2004
City: Butler (No. ..., ..., St. ..., Ward)

File No.:
Registered No.: 68

2. FULL NAME: Lewis S. McCall

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): M

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

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

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

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ... DATE ..., 19..

19. UNDERTAKER (ADDRESS)

20. FILED ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19.. I last saw h. alive on ..., 19.. Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Internal injuries
Spinal fracture or
Concussion of Brain

Date of onset

Other contributory causes of importance:
Car Wreck
Collision with Car. He was
in car that turned over when
struck by other car

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence), ~~fill in also~~ the following:
Accident, suicide, or homicide? Accident Date of injury Oct 20, 1931
Where did injury occur? On highway 71 - Intersection of Pine St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Road, highway 71
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) ..., M. D.
(Address) ...

SUPPLEMENTARY

S-33552