

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

Do not use this space.

33841

**1. PLACE OF DEATH**

County Carter  
Township Carter  
City                      (No.                     )

Registration District No. 143  
Primary Registration District No. 5205

File No.                       
Registered No.                      St.                      Ward                     

**2. FULL NAME**

Hattie Callahan

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 23 1919</u>		
7. AGE YEARS <u>12</u>	MONTHS <u>6</u>	DAYS <u>6</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shool Child</u>		
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) <u>Shannon Co. Missouri</u>		
13. NAME <u>Arthur Callahan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Rosa Bricker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Oliver Callahan Van Buren, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Reed Cem.</u> DATE <u>Oct 30 1931</u>		
19. UNDERTAKER (ADDRESS) <u>John Bricker Van Buren, Mo</u>		
20. FILED <u>Oct 29 1931</u> <u>Dr. J. W. Catton</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29/1931

2. I HEREBY CERTIFY, That I attended deceased from Apr. 19 1930 to Aug. 14 1931  
I last saw him alive on Aug. 14 1931. Death is said to have occurred on the date stated above, at 4 a. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Valvular Disease (Endocarditis) Date of onset 1926

Other contributory causes of importance:  
120

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?                      Date of injury                     , 19                      
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?  
If so, specify                       
(Signed) H. H. Callahan, M. D.  
(Address) Van Buren, 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.

NOV 29 1931

