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.

DEC 21 1931

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

Do not use this space.

37073

1. PLACE OF DEATH
County Carroll — Registration District No. 133 — File No.
Township Vanhorn — Primary Registration District No. 4074 — Registered No. 20
City Bogard (No. , St. Ward)

2. FULL NAME Eliza William McCall

(a) Residence, No. St., Ward.
(Usual place of abode) (If resident, 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 fgn birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1847

7. AGE — YEARS 84 — MONTHS 1 — DAYS 21 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
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) Carroll Missouri

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

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

17. INFORMANT Mrs Marcey Myers
(ADDRESS) StJoseph, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coloma DATE 11- 18- 31

19. UNDERTAKER E.A. Dickerson
(ADDRESS) Bogard Missouri

20. FILED N- 18 1931 Jane Henderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1931 to Nov. 15, 1931

I last saw her alive on Nov. 15, 1931. Death is said to have occurred on the date stated above, at 11 a.m.

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

	Date of onset
Pernicious Anemia	July 1931

Other contributory causes of importance:

Sarcoma of mammary Gland	1920

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external caus (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? No
If so, specify
(Signed) A. M. Woodson, M. D.
(Address) Bogard, Mo.

Mrs Eliza illiam McCall
Bo d Missouri