

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

Do not use this space.

7304

1. PLACE OF DEATH
 County Barton Registration District No. 40
 Township Lamar Primary Registration District No. 5058
 City (No. _____) St. _____ Ward _____

2. FULL NAME Callie Mc Kenzie
 (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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 10

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 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 Albert Mc Kenzie
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 7 22
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work 235
 (b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 23rd 1932
 17. I HEREBY CERTIFY, That I attended deceased from Oct 10th 1931 to March 22, 1932 that I last saw her alive on March 21st 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach

Hb. 5
4-6 (13) (duration) yrs. 9 mos. ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 10. NAME OF FATHER Henry N. Short
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

18. WHERE WAS DISEASE CONTRACTED (11)
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) W. H. Gopplewell, M. D.
3-24-1932 (Address) Lamar Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Albert Mc Kenzie
 (Address) Lamar Mo.
 15. FILED 3/24 1932 A. J. Mynatt
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lola Cemetery DATE OF BURIAL 3/25 1932
 20. UNDERTAKER A. J. Rivin ADDRESS Lamar 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.

APR - 3 1932

