

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

Do not use this space.

9168

3

1. PLACE OF DEATH *M. Doyard*  
 60 County *Anderson* Registration District No. *2, 1149 578*  
 Township *Anderson* Primary Registration District No. *5688*  
 City (No. *5688*) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME *Dora Callings*  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
 Registered No. *29*  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Fm* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widowed*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 10 - 1882*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *50 0 5*  
 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. *Housewife*  
 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) *Mo Haddock*  
 FATHER  
 13. NAME *Haddock*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*  
 MOTHER  
 15. MAIDEN NAME *Julia Hawkins*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*  
 17. INFORMANT (ADDRESS) *Allen Haddock Anderson R 70 #3*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Coverly Farm* DATE \_\_\_\_\_ 19 \_\_\_\_\_  
 19. UNDERTAKER (ADDRESS) *Chas. Williams Woodman mo*  
 20. FILED *3 - 30 - 1922* *McCarroll* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 15, 1932*  
 22. I HEREBY CERTIFY, That I attended deceased from *Oct 31, 1931*, to *Mar 15, 1932*  
 I last saw her alive on *Mar 12, 1932*. 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:  
*General Paralysis of Insane following Epilepsy*  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
*83 1*  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*  
 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) *W. H. Boston*, M. D.  
 (Address) *Pineville*



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County McDonald  
Township Anderson  
City..... (No. .... St. .... Ward)

Registration District No. 518  
Primary Registration District No. 3-688

File No. 1-1932-Reg #5  
Registered No. 27

**2. FULL NAME**

Dora Callings

(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) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 1882  
7. AGE YEARS 50 MONTHS - DAYS 3- IF LESS than 1 day, .... hrs. or .... min.

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.  
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) Mo

13. NAME Haddock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Know

15. MAIDEN NAME Julia Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Know

17. INFORMANT (ADDRESS) Allen Haddock Anderson R. F. D #3

18. BURIAL, CREMATION, OR REMOVAL PLACE County farm DATE Mar 14 1932

19. UNDERTAKER (ADDRESS) Chas W. Williams

20. FILED May 7 1932 Andrew W. Tuttle Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct - 15 to Mar 15, 1932

I last saw her alive on Mar 8, 1932 Death is said to have occurred on the day stated above, at.....m.

The principal cause of death and related causes of importance were as follows:  
General paralysis following epilepsy Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) W. H. Horton, M. D.  
(Address) Pineville

OCCUPATION

FATHER

MOTHER

SUPPLEMENTARY

5-9/04