

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

Do not use this space.

14724

1. PLACE OF DEATH

County

Registration District No. 781

Township

Primary Registration District No. 12053

City St Louis (No.)

Mo Baptist Hosp St. Ward)

File No.

Registered No. 4122

2. FULL NAME

Llewellyn L Callison

(a) Residence, No. New London Mo. 12 Ward. New London Mo
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 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

Mollie Callison

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

Sept 2-1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

6

7

24

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

Tele. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Western Tel. Co.

10. Date deceased last worked at this occupation (month and year)

April 8-1932

11. Total time (years) spent in this occupation

12 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MO

13. NAME

John A. Callison

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

Virginia

15. MAIDEN NAME

Christina Carson

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

Virginia

17. INFORMANT (ADDRESS)

Mrs. Elen Andrews
New London Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE New London Mo. DATE April 29 1932

19. UNDERTAKER (ADDRESS)

Harry M. Piper Hood
New London Mo

20. FILED

PR 2
[Signature]
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1932

22. I HEREBY CERTIFY, That I attended deceased from

April 16 1932 to April 26 1932

I last saw him alive on April 26 1932 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Obstruction of bowel from adhesions following operation 4/20/32 (Calostomy #1st stage Proctectomy)
Other contributory causes of importance: 1. B 2. D 4/6/31

Causes of Retention 2nd stage (Removal of obstruction) this phenomenon.

Name of operation Proctectomy Date of 4/20/32

What test confirmed diagnosis? Vision Was there an autopsy? Yes

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? none

(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) Andrews M. D.

(Address) Metropolitan Bldg. St Louis

