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

Do not use this space.

1. PLACE OF DEATH
105 County Sullivan — Registration District No. 851 — File No. 42920
Township Taylor — Primary Registration District No. 6119 — Registered No.
City Humphreys (No. , St. Ward)

2. FULL NAME Mrs. Allie McCalley
(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.

AN 2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
55	11	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Mo. 1

PARENTS
10. NAME OF FATHER Jno. M West.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Mo
12. MAIDEN NAME OF MOTHER Emily Dunlap
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Mo

14. INFORMANT C. L. McCalley
(Address) Humphreys Mo

15. FILED 12/3 1932 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 2 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1932, to Dec 2, 1932 that I last saw her alive on Dec 2, 1932, and that death occurred, on the date stated above, at 2:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis
820
102 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) High Blood Pressure
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Symp.
(Signed) H E Bowers, M. D.
11-3, 1932 (Address) Galt 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Humphreys Mo. Cem.	Dec. 3 1932
20. UNDERTAKER	ADDRESS
A. Payne & Son	Galt 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.