

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

Do not use this space.

**27088**

**1. PLACE OF DEATH**

69 County Monroe Registration District No. 587  
Township Woodlawn Primary Registration District No. 1855  
City \_\_\_\_\_ (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 8

**2. FULL NAME**

Arthur Albert Callie

(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)

**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 Gabrie Pickett Callie  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/25/1860  
7. AGE YEARS 73 MONTHS 2 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer  
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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1925 to Aug 9 1933  
I last saw him alive on Aug 8 1933 Death is said to have occurred on the date stated above, at 8 a. m.  
The principal cause of death and related causes of importance were as follows:

Dysentery  
Paralysis agitans  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) J. A. Hyatt, M. D.  
\_\_\_\_\_ (Address) Clarence

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo  
13. NAME W. B. Callie  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
15. MAIDEN NAME Sarah Adams  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
17. INFORMANT Mrs Tom Woods (ADDRESS) Madison, Mo R.R.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Aug 10 1933  
19. UNDERTAKER Fred A Thompson (ADDRESS) Monroe, Mo  
20. FILED 8/9 1933 F. Medley Registrar

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.

OCT 20 1933

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