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

Do not use this space.

25

85

File No. 7846

Registered No. 250

1. PLACE OF DEATH

County Buchanan — Registration District No. ____

Township ____ — Primary Registration District No. 1001

City St Joseph. (No. 30th + Sylvane St. ____ Ward)

2. FULL NAME Robert C. Callison

(a) Residence, No. 2912 Charles St., ____ Ward. ____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17. 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	57	7	14	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Feb. 1934 — 11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) James port Missouri.

FATHER

13. NAME William G. Callison

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

MOTHER

15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) James port Missouri.

17. INFORMANT Mrs Frances Callison
(ADDRESS) 2912 Charles - St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Auburn DATE March 3 1934

19. UNDERTAKER Heaton, Begole + Bowman
(ADDRESS) 319 So 10

20. FILED MAR 3 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1934

22. I HEREBY CERTIFY, That I ~~attended~~ received deceased ~~from~~ on March 1, 1934, to ____, 19____

I last saw h____ alive on ____, 19____ Death is said to have occurred on the date stated above, at 8:15 A.M.

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

	Date of onset
Coronary Thrombosis	
74	
72	
77	

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of ____

What test confirmed diagnosis? Clin Hist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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.
none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Forest Thomas Coroner M.D.

(Address) 731 Faaron

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD