MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County: Howell
Township: ~~Howell~~
City: West Plains, Mo. (No. ..... , ... St. ..... Ward)

Registration District No. 384
Primary Registration District No. 4227

File No. 12699
Registered No. .....

2. FULL NAME: Guy Franklin McCallon
(a) Residence, No. 1010 Webster. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 yrs. 3 mos. 6 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 18, 1912

7. AGE: 22 YEARS, 3 MONTHS, 6 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: College Student
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): ~~[illegible]~~
11. Total time (years) spent in this occupation: ~~[illegible]~~

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Plains, Mo.

FATHER
13. NAME: C. C. McCallon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moody, Mo.

MOTHER
15. MAIDEN NAME: Willie Buck.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington, Ky.

17. INFORMANT: Mrs. C. C. McCallon
(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Oak Lawn Cem.
PLACE West Plains, Mo DATE Apr. 25, 1934

19. UNDERTAKER: Hal Thornburgh.
(ADDRESS) West Plains, Missouri

20. FILED 4-25 1934 Vida W. Simms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1934, to April 24, 1934
I last saw him alive on 4-24-, 1934. Death is said to have occurred on the date stated above, at 2:12 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-20-34
108	
110B	
115A	

Other contributory causes of importance:
Acute Tonsillitis + Sinusitis
Acute Pleurisy

Name of operation ..... Date of .....
What test confirmed diagnosis? exam 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? no
If so, specify .....
(Signed) E. Claude Bohner, M. D.
(Address) West Plains, 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.

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