

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

Do not use this space.

23233

1. PLACE OF DEATH

County Boone
Township Bourbon
City Boone (No. _____)

Registration District No. 79
Primary Registration District No. 25116

File No. 17
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Prof. McCallister</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7 - 1854</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>8</u>
		DAYS
		<u>23</u>
		If LESS than day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co. Mo.</u>		
13. NAME <u>Joseph F. retwell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co.</u>		
15. MAIDEN NAME <u>Hannah Riggs</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Owen Bryson</u> <u>Sturgeon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Far west</u> DATE <u>July 2</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Barnes & Booth</u> <u>Sturgeon Mo.</u>		
20. FILED <u>July 2</u> 19 <u>34</u> <u>E. R. Gentry</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930, to June 30 1934
I last saw him alive on June 30 1934. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency Date of onset _____
92A
107A
W W W
Other contributory causes of importance:
The isolated Pneumonia Sum 36
34
11

Name of operation _____ Date of _____
What test confirmed diagnosis? Pathology 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 _____

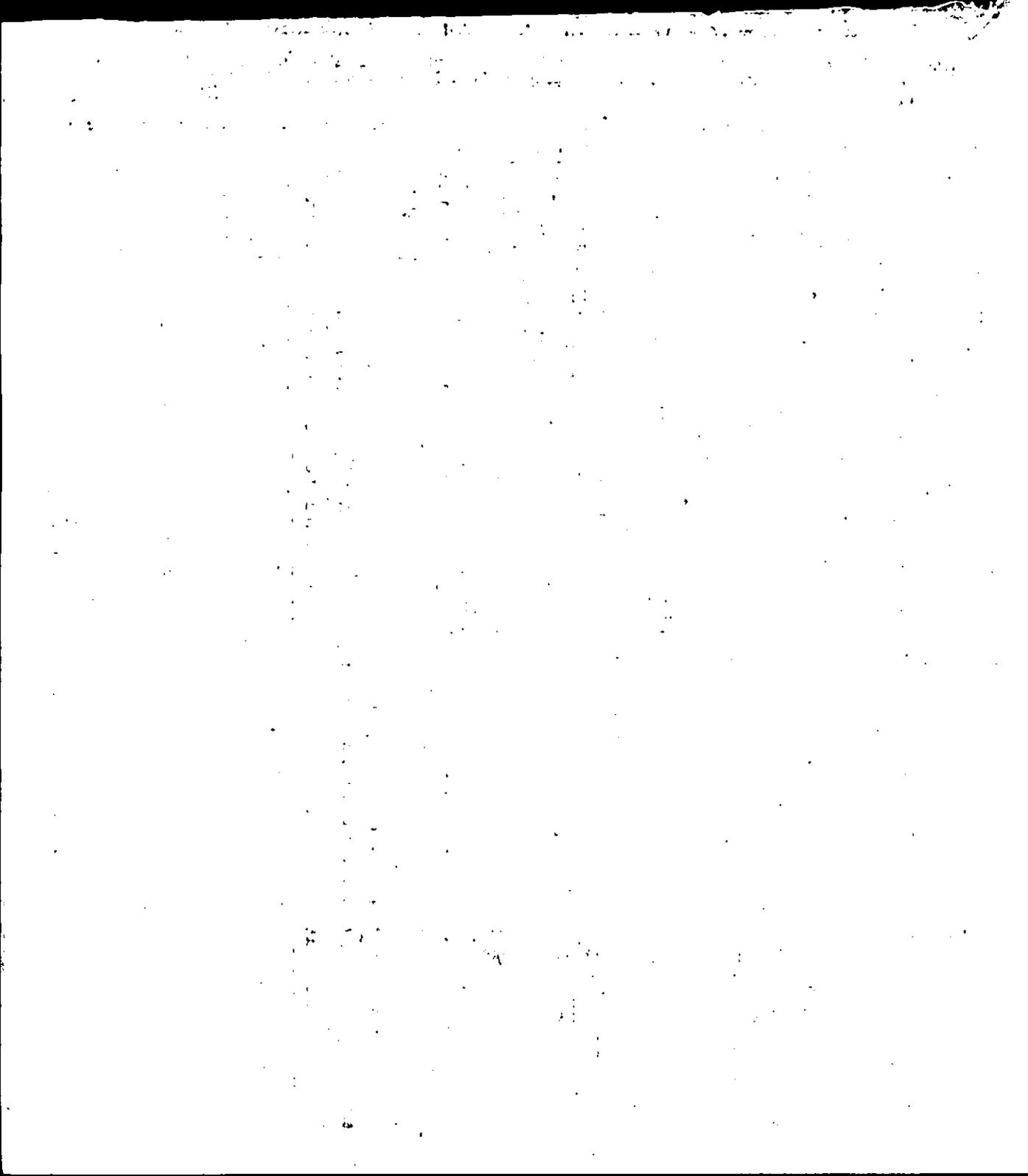
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Chas. M. Sturgeon, M. D.
(Address) Sturgeon Mo

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

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.

JUL 20 1934

U. S. NO. 1



Boone

23233

WASHINGTON

17

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary E McCallister
Who died at _____ on July 1 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth Sept. 7 - 1854 Age: Years 79 Months 8 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Mitral Insufficiency Month Jan Year 1934
Birthplace (State or country) Boone Co. Mo.
Birthplace of father (State or country) Ny pastate pneumonia
Birthplace of mother (State or country) Mo.
Principal cause of death: Older pneumonia - Bronchitis

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician A R McComas
Address of physician Jefferson Mo

Signature of Registrar E. N. Gentry M.D. Date filed July 2 -

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 79

Very truly yours,

Primary Reg. Dist. No. 5116

E. T. McLaughlin
State Registrar
Special Agent.

