

WHITE 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.

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

Do not use this space.

MAR 7 1935

6156

1. PLACE OF DEATH

County Montgomery Registration District No. 592
 Township Montgomery Primary Registration District No. 5790
 City Montgomery (No.) St. Ward)

File No.
Registered No. 1

2. FULL NAME William Calahan

(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 30 yrs. mos. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miss Preston</u> <i>Divorced</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Un Known		
7. AGE	YEARS	MONTHS
	65	
		DAYS
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	
	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) 2/5/35 1935
 22. I HEREBY CERTIFY, That I attended deceased from 1-25- 1935 to 2-5- 1935
 I last saw him alive on 2-4 1935 Death is said to have occurred on the date stated above, at 2 am.
 The principal cause of death and related causes of importance were as follows:

Bronchio pneumonia Date of onset 1-25-35
 Other contributory causes of importance:
Myocarditis and Myocardial degeneration?
 Name of operation None Date of

What test confirmed diagnosis? Clinical 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) L. J. Byland, M. D.
 (Address) Wallerille Mo

12. BIRTHPLACE (CITY OR TOWN) Lexington Junction
 (STATE OR COUNTRY) Missouri

13. NAME Dennis Calahan

14. BIRTHPLACE (CITY OR TOWN) Lexington Junction
 (STATE OR COUNTRY) Mo

15. MAIDEN NAME Kate Gardner

16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT John Regan
 (ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St Marys Cem DATE 2/6/35 1935

19. UNDERTAKER C. W. Hopkins
 (ADDRESS) Montgomery City

20. FILED Feb 7 1935 Bulle Registrar

