

DEC 16 1935

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

Do not use this space.

255-62-2

1. PLACE OF DEATH

County Hollinger
Township Wayne
City (No.) St. Ward)

Registration District No. 69
Primary Registration District No. 5-108

File No.
Registered No.

2. FULL NAME

Martha E. McCallister
(a) Residence, No. way town ship St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 James M. Callister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-12-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
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 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Crites

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

MOTHER 15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Lela A. Porter

18. BURIAL, CREMATION, OR REMOVAL PLACE Cato Cemetery DATE 8-17 1935

19. UNDERTAKER (ADDRESS) Wm. Morgan

20. FILED 8-17 1935 A.T. Kirkpatrick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to 8th 16, 1935
I last saw her alive on 7-13, 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:

Tuberculous of lungs
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

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) A.T. Kirkpatrick, M. D.
(Address) Palma

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.

