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.

AUG 14 1935

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

Do not use this space.

25883

File No.
Registered No.

1. PLACE OF DEATH
County: Chariton — Registration District No. 174
Township: Yellow Creek — Primary Registration District No. 5241
City (No. St. Ward)

2. FULL NAME: Milton Eugene McCallum

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
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): June 25/1935

7. AGE: Years —; Months 1; Days 12; If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chariton Co Mo

FATHER
13. NAME: Albert W. McCallum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn Co Mo

MOTHER
15. MAIDEN NAME: Lois Ellen Cleveland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas City Kansas

17. INFORMANT (ADDRESS): Albert W. McCallum Bethville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dunyer Mo DATE: Aug 7 1935

19. UNDERTAKER (ADDRESS): S. L. Leipard Mendon Mo

20. FILED 8-8 1935 C. D. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1935 to Aug 3rd 1935
I last saw h. ~~alive~~ alive on 3d Aug 1935 Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	July 20

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
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?
If so, specify
(Signed) W. B. Forcer, M. D.
(Address) Mendon Mo