

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

Do not use this space.

NOV 9 1935

34508

1. PLACE OF DEATH

County.....
Township.....
City.....
#11309

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 8940
St. (Ward)

2. FULL NAME

(a) Residence, No. 5834 St. Salanna 7
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 12 - 1914*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Welder*

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) *Genese Ill.*

13. NAME *Willis McCallum*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

15. MAIDEN NAME *Virginia Bane*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

17. INFORMANT (ADDRESS) *Walter Supak, 1111 St. Joseph*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Friedens* DATE *Oct 26 1935*

19. UNDERTAKER (ADDRESS) *Wey Lidsman & Co. 1417 1/2 N. 1st St.*

20. FILED *25 1935* 19 *97 Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 22 1935*

22. I HEREBY CERTIFY, That I attended deceased from *10 - 17* 19*35*, to *10 - 22* 19*35*

Last saw him alive on *10 - 23 1935* Death is said to have occurred on the date stated above, at *10:45 a.m.*

The principal cause of death and related causes of importance were as follows:

*Infection of nose
Septicemia
Septic thrombosis
Septicemia
Cause of nose could not be ascertained*

Other contributory causes of importance:
*Meningitis non-purulent
Lung Infection*

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. L. Harris* M. D.
(Address) *City St. Joseph*

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.

