

FEB 3 1936

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

Do not use this space.

Dr. J. J. Callaway
39251

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 7901
City Springfield Mo. 1007 S. Weller St. _____ Ward _____

2. FULL NAME

(s) Residence, No. 1007 S. Weller 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3 - 1850
7. AGE YEARS 85 MONTHS 3 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Independence Mo.

13. NAME A. R. Marshall

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

15. MAIDEN NAME Sarah J. Henshaw

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

17. INFORMANT (ADDRESS) Mrs. W. C. Jeffers 1007 S. Weller

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence Mo. DATE Dec. 11 - 1935

19. UNDERTAKER (ADDRESS) Dr. J. J. Callaway Springfield Mo.

20. FILED 12/11/1935 W. J. Stanton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9 - 1935

22. I HEREBY CERTIFY, That I attended deceased from _____ June _____, 1933 to _____, 1935

Last saw h. _____ alive on _____, 1935 Death is said to have occurred on the date stated above, at _____ m.

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

Coronary Occlusion 10/8/35
(Died suddenly - found dead in bed)

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? AIB Was there an autopsy? no

23. If death was due to external cause (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) J. J. Callaway, M. D.

(Address) Springfield, Mo.

By direction of Coroner Chas. A. George

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.

