

MAR 14 1936

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

Do not use this space.

158

1. PLACE OF DEATH

County Bollinger,
Township Lorance,
City Marble Hill (No.)

Registration District No. 17

Primary Registration District No. 5102C

File No.
Registered No.
St. Ward)

2. FULL NAME George Washington Call.

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 72 mos. 7 ds. — How long in U. S., if of foreign birth? 72 yrs. 7 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Call,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
72, 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Marble Hill

13. NAME George W Call.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina.

15. MAIDEN NAME Dont Know,

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

17. INFORMANT (ADDRESS) Mrs Cora Call.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lesley Gidge, DATE Feb, 2 1936

19. UNDERTAKER (ADDRESS) Andrew J Baker, Lutesville, Mo.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31st 1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 6 1936 to Jan. 31 1936
I last saw him alive on Jan. 15 1936 Death is said to have occurred on the date stated above, at 5.30 m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Date of onset

Twelve months prior to death.

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) J. H. Baker M. D.
(Address) Lutesville, Mo.



MISSOURI STATE BOARD OF HEALTH
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Do not use this space.

158

1. PLACE OF DEATH

County Bollinger

Registration District No. 67

File No.

Township Marable

Primary Registration District No. 5102c

Registered No. 1

City (No.) St. Ward)

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Cora Call

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

May 1st 1903

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. min.

72

8

29

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

Farmer

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)

Marable Hill

13. NAME

George Call

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

North Carolina

15. MAIDEN NAME

Don't Know

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

17. INFORMANT

Mrs Cora Call
(ADDRESS) Marable Hill

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lesley Ridge DATE Feb 2 1936

19. UNDERTAKER (ADDRESS)

Andrew J. Baker
Lutesville Mo

20. FILED 5-13 1936 Mr. G. A. Sanders
Registrar.

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

Jan 31 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 6 1936 to Jan 31 1936

I last saw him alive on Jan 15 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

myocarditis

Date of onset

Other contributing causes of importance:

within months prior to death

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) J. W. Warrington, M. D.

(Address) Lutesville Mo

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