FEB 13 1936

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

Do not use this space.

1035

1. PLACE OF DEATH
County Howard — Registration District No. 380 — File No.
Township Franklin — Primary Registration District No. 4224 — Registered No. 1
City New Franklin (No. mo, St. Ward)

2. FULL NAME George A McCallon
(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 3 or 4 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: White
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): Not Known
7. AGE: Approximately 46 yrs. (YEARS / MONTHS / DAYS) If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.K.&T. R.R.
10. Date deceased last worked at this occupation (month and year) about 12-27-35
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Tex.

FATHER
13. NAME Not
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Known

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) L A Washburn Boonville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenville Tex DATE 1-3 1936
19. UNDERTAKER (ADDRESS) C A Duncan New Franklin Mo
20. FILED 1-1- 1936 J B Fleet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 1 1986

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by switch	
Cars in M. S. T. Yards	
severing both legs R Hand	
Chest Injuries Death Instant	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Exam. Was there an autopsy? Impossible

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-1- 1936
Where did injury occur? M. S. T. Yards New Franklin (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Hit by Tremen
Nature of injury Cutting off both legs R Hand Mo

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. L. Richards Coroner M. D.
(Address) Howard Co. Fayette Mo

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.