

JAN 30 1936

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

Do not use this space.

1480-a

1. PLACE OF DEATH

County Jackson  
Township Raw  
City Manassas City (No. 3615 E. 27<sup>th</sup>)

Registration District No. 1399  
Primary Registration District No. 1092

File No. ....  
Registered No. 351  
St. .... Ward)

2 FULL NAME

Jasper O. Callahan  
(a) Residence, No. 3615 E. 27<sup>th</sup> 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23/36

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

22. I HEREBY CERTIFY that I attended deceased from Jasper O. Callahan, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1889

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS 46 MONTHS 4 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fisher's Body  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation.....

Chronic coronary myocarditis Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

Name of operation..... Date of operation.....

13. NAME Jasper O. Callahan

What test confirmed diagnosis..... Was there an autopsy? Yes

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

15. MAIDEN NAME Jennie Hutchins

Where did injury occur?..... (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Miss Virginia Callahan (ADDRESS).....

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Topera Kay DATE Jan 23, 1936

Nature of injury.....

19. UNDERTAKER Wesley Henderson (ADDRESS) 4139 E. 15<sup>th</sup> St. Mo

24. Was disease or injury directly related to occupation of deceased?.....

20. FILED 122 1936 M. M. Cron Registrar.

If so, specify.....

(Signed) [Signature], M. D.

(Address) [Signature]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County ..... Registration District No. 399  
 Township ..... Primary Registration District No. 1002  
 City ..... (No. 5615, 6 27 Street) ..... St. .... Ward)

File No. ....  
 Registered No. 334  
 St. .... Ward)

2. FULL NAME

Jasper O. Calahan

(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

3. SEX ..... 4. COLOR OR RACE ..... 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) .....

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>45</u>	<u>4</u>	<u>6</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... (duration) ..... yrs. .... mos. .... ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

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

10. NAME OF FATHER .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) .....

14. INFORMANT (Address) .....

15. FILED 1/22, 1936 M. M. Grows REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1936

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF.....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ..... M. D.

, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL ..... DATE OF BURIAL

19

20. UNDERTAKER ..... ADDRESS

N. B.—Every item of information 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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