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.

APR 23 1936

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

Do not use this space.

10968

File No.

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. Research Hospital St. 1644 Ward)

2. FULL NAME Melva Dean Calloway

(a) Residence, No. St., Ward. Orrick, Missouri (If nonresident, give city or town and State)
(Usual place of abode)

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)
Female	White	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 15, 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	9	4	11	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Lee Calloway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Missouri

MOTHER

15. MAIDEN NAME Elsie Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri

17. INFORMANT Lee Calloway
(ADDRESS) Orrick, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~ South Poin Cemetery
PLACE Orrick, Mo. DATE March 27, 1936

19. UNDERTAKER Stine & McClure
(ADDRESS) 3255 Gillham Plaza

20. FILED Mar 26, 1936 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1936, to 3-26, 1936

I last saw her alive on 3-25, 1936. Death is said to have occurred on the date stated above, at 4 a.m.

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

General Peritonitis — Date of onset 3-22-36

Other contributory causes of importance:

Acute perforated appendicitis — Date of onset 3-19-36

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? No

If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]