

APR 27 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13835

1. PLACE OF DEATH

County Wenon

Registration District No. 878

File No. _____

Township Ingwood

Primary Registration District No. 6156

Registered No. 6

City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME Georgia Etta McCallon

(a) Residence, No. Sheldon RFD # 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8 1936

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank McCallon

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 1936 to Mar. 7 1936

I last saw her alive on Mar. 7 1936. Death is said to have occurred on the date stated above, at 6 A. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 58 8

Pneumonia
Aspirin Film.

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

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

Name of operation _____ Date of _____

13. NAME James Collier Sallee

What test confirmed diagnosis? Clinical Was there an autopsy? No!

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

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 Elizabeth Hevon

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Kentucky

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

17. INFORMANT Frank McCallon (ADDRESS) Sheldon mo

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Life Branch DATE Mar 9 1936

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER G. B. Bennis & Sons (ADDRESS) Sheldon mo

If so, specify _____ (Signed) C. L. Hestley, M. D.

20. FILED Mar 27 1936 Kate V. White Registrar.

(Address) Sheldon Mo

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

