

JUL 23 1936

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

Do not use this space.

23444

1. PLACE OF DEATH

County Lincoln
Township Hawkpoint
City Hawkpoint Mo.

Registration District No. 488
Primary Registration District No. 4295

File No. 6
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Minnie Kallash
(a) Residence, No. Hawkpoint Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1855

7. AGE YEARS 81 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Troy Missouri

13. NAME Mitcheal Mallan

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Zanie Kallash (ADDRESS) Hawkpoint Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawkpoint Mo DATE June 17 1936

19. UNDERTAKER Wayne Mc Coy (ADDRESS) Troy Mo.

20. FILED 6/18/ 1936 W. H. Quinn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 1936, to June 16, 1936

I last saw her alive on June 15, 1936. Death is said to have occurred on the date stated above, at 2:35 Am.

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

Myocarditis (chronic)
nephritis (chronic)

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) H. S. Harris, M. D.

(Address) Troy Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

