

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

Do not use this space.

27765

SEP 3 1926

1. PLACE OF DEATH
 County St. Francois Registration District No. 771
 Township St. Ignace Primary Registration District No. 2562
 City St. Ignace St. _____ Ward _____

2. FULL NAME Jessie Callahan

(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David Callahan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-28-1867</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>1</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>		
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) <u>Louison</u> <u>Missouri</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Elynie Callahan</u> <u>Bismarck Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bismarck Mo</u> DATE <u>July 30</u> 19 <u>26</u>		
19. UNDERTAKER (ADDRESS) <u>White & Hill</u> <u>Bismarck Mo</u>		
20. FILED <u>Aug 25</u> 19 <u>26</u> <u>St. Ignace Mo</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1926

22. I HEREBY CERTIFY, That I attended deceased from July 30 1926 to July 28 1926
 I last saw her alive on July 28 1926 Death is said to have occurred on the date stated above, at 4:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Other contributory causes of importance:

Senility

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? No
 If so, specify _____
 (Signed) J. W. H. Surphant, M. D.
 (Address) Bismarck 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.

