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.

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

Do not use this space.

31459

1. PLACE OF DEATH SEP 24 1936

County Johnson — Registration District No. 429 — File No. 20

Township Mont serrat — Primary Registration District No. 5393 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Miss Mary Callicotte

(a) Residence, No. ..... St., ... Ward. (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
87	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Somersett Kentucky

FATHER

13. NAME Enoch Callicotte
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER

15. MAIDEN NAME Agnes Richardson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kentucky

17. INFORMANT (ADDRESS) Enoch Callicotte Pleasant Hill, Missouri

18. BURIAL, CREMATION, OR REMOVAL August 18, 36
PLACE High Point Johnson County, Mo DATE ....., 19

19. UNDERTAKER (ADDRESS) Huston-Turner Windsor, Missouri

20. FILED Aug 17, 1936 J. Koch Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Aug. 15, 1936
I last saw her alive on Aug 15, 1936 Death is said to have occurred on the date stated above, at 5:25 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia and	8-14-36
Heat Prostration	8-1-36
1672	

Other contributory causes of importance:

Chronic Bronchitis	1924

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) T. A. Blackmore, M. D.
(Address) Windsor, Mo.