

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.

OCT 21 1936

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

Do not use this space.

34265

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No.) St. Ward

2. FULL NAME John J. Callaway
 (a) Residence, (No. 209 S. Orchard) Ward.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Callaway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marshall
 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) Harrisonville Mo

FATHER
 13. NAME James R. Callaway
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca Mo

MOTHER
 15. MAIDEN NAME Rebecca Farmer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Mo

17. INFORMANT (ADDRESS) Mrs. Nora Callaway Clinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 10/12/36

19. UNDERTAKER (ADDRESS) Consolus + Beck Clinton Mo

20. FILED 10-3 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 1936

22. I HEREBY CERTIFY, That I saw deceased from Sept. 21 1936 19...
 I last saw him on Sept. 30 1936 Death is said to have occurred on the date stated above, at 40 m.
 The principal cause of death and related causes of importance were as follows:
Result of a fall that occurred by a fall in his own yard, an accidental discharge of his own shot gun.
 Other contributory causes of importance
184

Name of operation ✓ Date of 10/10

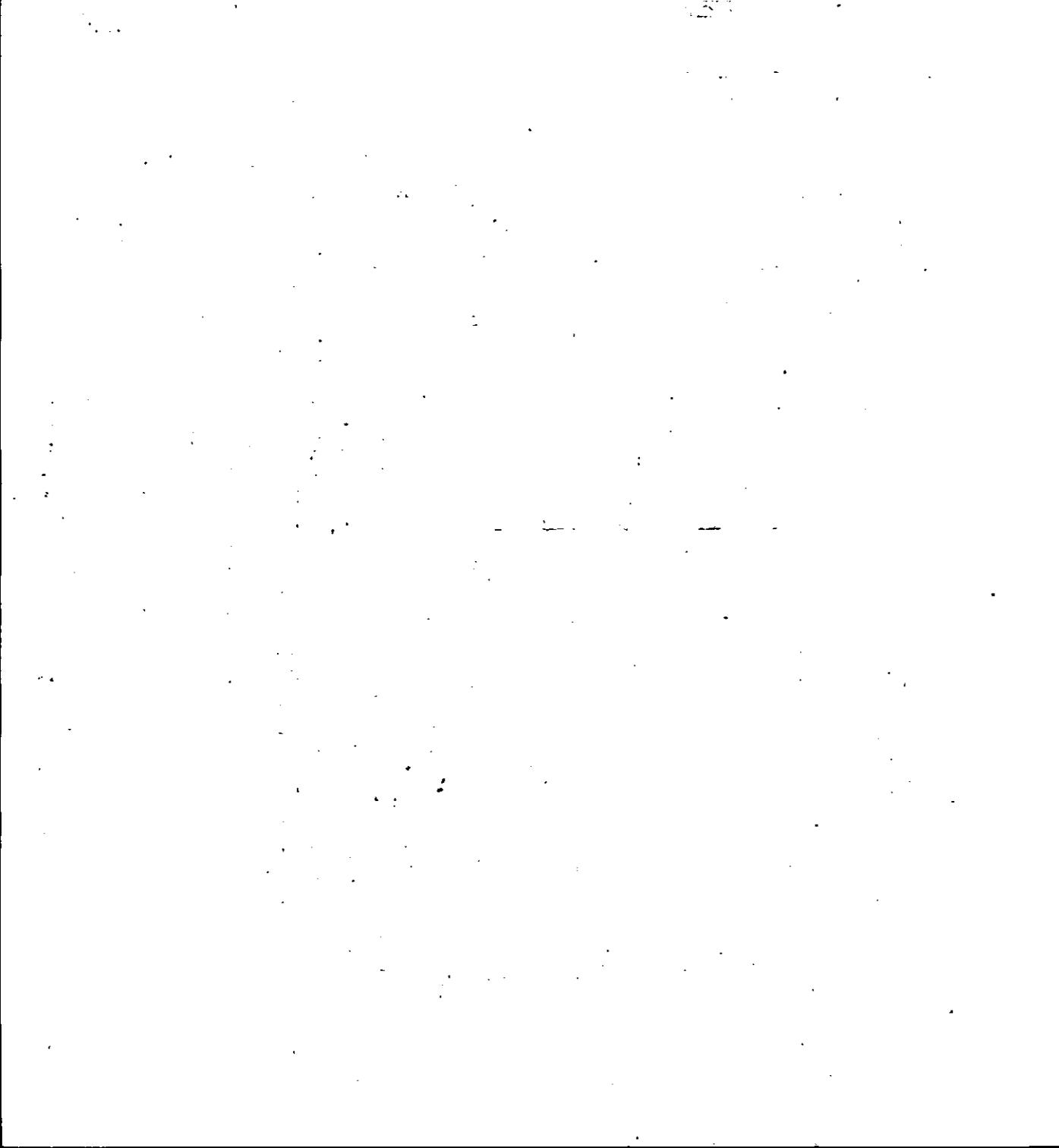
What test confirmed diagnosis? ✓ Was there an autopsy? 100

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide. Date of birth 1861, 19...
 Where did injury occur? West of Clinton, near highway
 Specify whether injury occurred in industry, in home, or in public place.
In public place on highway, No. 100, Harrisonville, Carroll Road, passing through street.
 Nature of injury falling over a fence

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify ✓
 (Signed) H. P. Jennings, M. D.
 Address Clinton, Mo.

Jennings

Chas. W. McHenry, M.D.



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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 347 File No.
 Township Primary Registration District No. 3018 Registered No.
 City Clinton (No.) St. Ward)

2. FULL NAME

(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 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

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

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 7d- 6 15-

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

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.....

Date of onset

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

Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 10-3 1936 J. R. Hamilton Registrar.

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)....., M. D.
 (Address).....

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

J. R. Hamilton

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