

NOV 22 1936

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

Do not use this space.

37037

1. PLACE OF DEATH

County Chester
Township Benton
City St. Louis (No.)

Registration District No. 164
Primary Registration District No. 5227

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. Nancy R. McCallister 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

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

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

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

7. AGE YEARS 87 MONTHS 0 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 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) W. Virginia

MOTHER 13. NAME Jakie Morrison

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

15. MAIDEN NAME Cligbena Scott

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

17. INFORMANT Laura Roy (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Ball Cem. DATE 10-9-36

19. UNDERTAKER James Doh, Mo (ADDRESS)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to October 8, 1936. I last saw him live on October 7, 1936. Death is said to have occurred on the date stated above, at 10:00 A. m.

The principal cause of death and related causes of importance were as follows:
Septicemia following infection in hand Date of onset 10/7/36

Other contributory causes of importance:
Old age
Leucemia

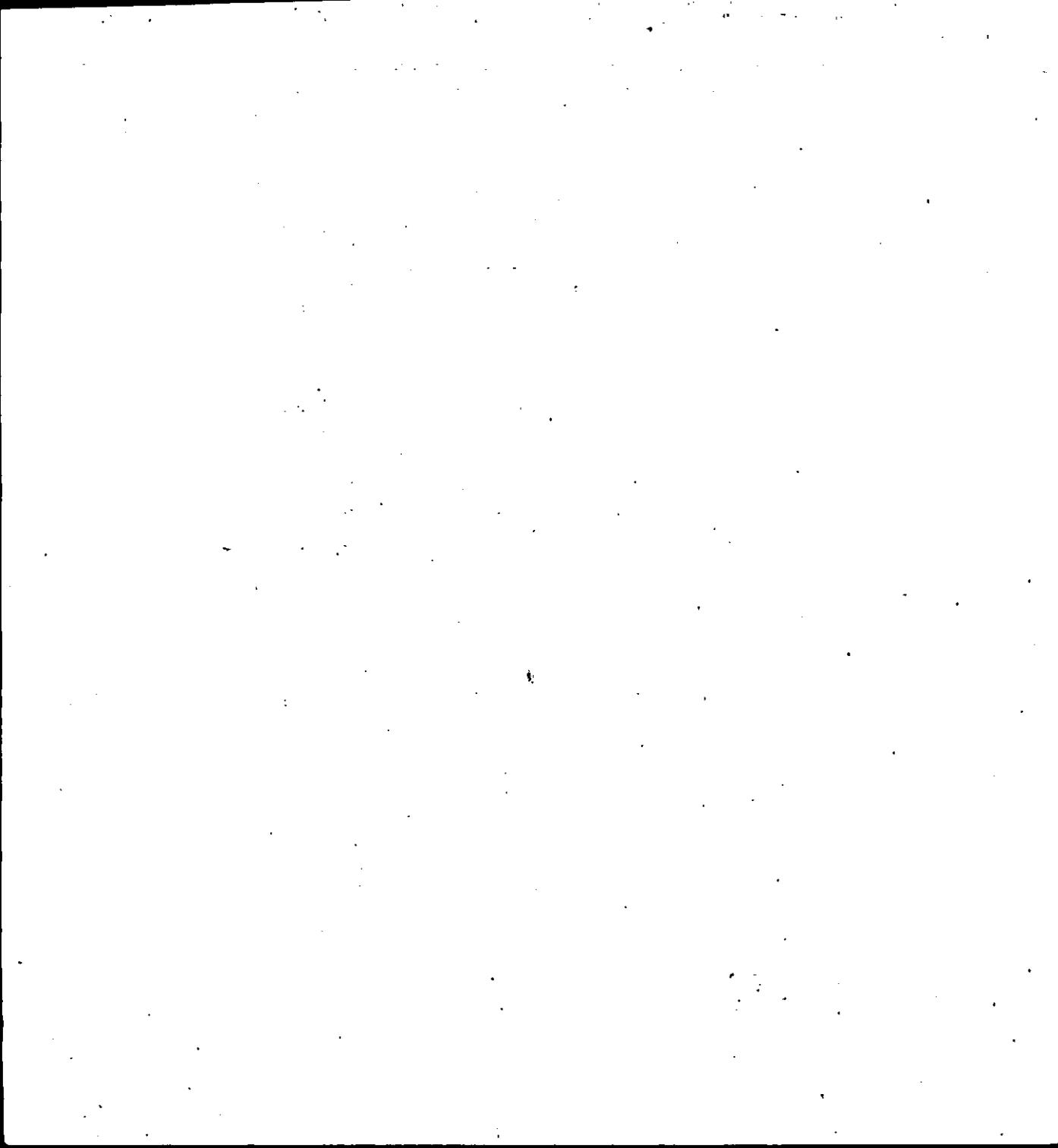
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 10 Date of injury 19.....
Where did injury occur? 10 (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 H. A. Surrill M. D.
(Signed) Director Mo
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.



**MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

County Cedar

Registration District No. 164

File No.

Township Benton

Primary Registration District No. 5229

Registered No.

City

(No.)

St. Ward)

2. FULL NAME

Mary K. McCallister

(a) Residence, No. St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Wid.

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

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

22. I HEREBY CERTIFY, That I attended deceased from

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hr. or min.

87

0

2

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)

Total time (years) spent in this occupation

I last saw

to have occurred on the date stated above, at

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

Septicemia following infection in hand cut fingers while doing house work.

Date of onset

Other contributory causes of importance:

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

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

19. UNDERTAKER (ADDRESS)

20. FILED Oct 9 1936 Mrs. Mary Keifer Registrar.

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur? Home Date of injury Oct 1, 1936

(Specify city or town, county, and State)

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

Manner of injury cut hand while working

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Simrell

(Address) Benton

M. D.

ms

SUPPLEMENTARY

185

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

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