

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

NOV 28 1936

38021

1. PLACE OF DEATH

County Jasper
 Township Jackson
 City Diamond Route 1

Registration District No. 408
 Primary Registration District No. 3020
5563A

File No.
 Registered 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 70 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 John H. Callings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1841

7. AGE YEARS 95 MONTHS 6 DAYS 11 If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

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) Chelocky County
 (STATE OR COUNTRY) Kentucky

FATHER

13. NAME William Middel

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

MOTHER

15. MAIDEN NAME Minerva Fox

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

17. INFORMANT John B. Callings
 (ADDRESS) Joplin, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stone Cemetery DATE Oct. 22, 1936

19. UNDERTAKER Frederick M. Hartman
 (ADDRESS) Carthage, Missouri

20. FILED Oct. 22, 1936 R. B. Clifton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1936

22. I HEREBY CERTIFY That I attended deceased from September 9, 1936 to September 21, 1936

I last saw her alive on September 21, 1936. Death is said to have occurred on the date stated above, at 2:20 P.

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

Senility

Chronic Myocarditis

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. H. Brookshire, M. D.

(Address) Joplin, 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.

