

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

Do not use this space.

812

JAN 29 1937

1. PLACE OF DEATH

34 County Polk
 Township Cherry
 City Warrensburg (No. 1)

Registration District No. 280
 Primary Registration District No. 5391

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Tallie M. Call
 (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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Her 1st Call
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1863
 7. AGE YEARS 73 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235
 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. is housekeeper
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Franklin, Mo. (STATE OR COUNTRY) Mo.

13. NAME Anna Call

14. BIRTHPLACE (CITY OR TOWN) Franklin, Mo. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mrs. Bushman

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

17. INFORMANT Willie Call (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Jan 3, 1937

19. UNDERTAKER none (ADDRESS) _____

20. FILED Jan 10, 1937 Jayce E. Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1937

22. I HEREBY CERTIFY That I attended deceased from Oct 1, 1936 to Jan 1, 1937
 I last saw him alive on Dec 27, 1936 Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Paratyphoid Date of onset 1936

Other contributory causes of importance: acute meningitis

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? _____

If so, specify _____

(Signed) H. G. James, M. D.

(Address) Intn Grove 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.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Douglas
Township Champion
City (No.)

Registration District No. 280
Primary Registration District No. 5391

File No.
Registered No. Ward

2. FULL NAME Allie M. Call

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo W Call</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>73</u>	YEARS <u>8</u>	MONTHS <u>23</u>
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fontenelle</u>		
13. NAME <u>Amos Platt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No data</u>		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Willie Call</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u> </u> DATE <u> </u> 19		
19. UNDERTAKER (ADDRESS) <u>Jan 10 1937</u>		
20. FILED <u>Jan 10 1937</u> <u>Jayle E. Roy</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1937

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

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

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

Date of onset

Other contributory causes of importance:

Acute meningitis
meningitis was not
epidemic in form

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) W. G. James, M. D.

(Address) 1111 Grove 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.

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