WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 1791 File No. 10951

Township ..... Primary Registration District No. 1003 Registered No. 3525

City St. Louis (No. ST. MARY'S INFIRMARY St. ..... Ward)

2. FULL NAME Army Calloway

(a) Residence, No. No Home St., X 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	51	3	4	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

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) Missisiippi

FATHER

13. NAME Forest Calloway

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

MOTHER

15. MAIDEN NAME Lolly White

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

17. INFORMANT (ADDRESS) St Mary's Infirmary Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Donnington DATE 31 1937

19. UNDERTAKER (ADDRESS) W Richter - 3858 Rutger

20. FILED MAR 31 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1937, to March 29, 1937

I last saw him alive on March 29, 1937. Death is said to have occurred on the date stated above, at 6:10A m.

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

Acute Miliary Tuberculosis lungs involved also

Date of onset

Other contributory causes of importance: 23

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray 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) Frazier D. Alexander, M. D.

(Address) St Mary's Infirmary