

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH
Buchanan

County..... Registration District No.....
Township..... Primary Registration District No. *100*
City *St. Joseph* (No. *6525 Sherman St.*) St. Ward

File No. *11266*
Registered No. *377*

2. FULL NAME *Margaret McCall*

(a) Residence, No. *6525 Sherman* 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 *Ralph McCall*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 12, 1903*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 1 13

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. *Own Home*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Chicago*
(STATE OR COUNTRY) *Illinois*

13. NAME *William Woods*

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

15. MAIDEN NAME *Lena ?*

16. BIRTHPLACE (CITY OR TOWN) *Unknown*
(STATE OR COUNTRY) *Germany*

17. INFORMANT *Ralph Mc Call*
(ADDRESS) *6525 Sherman St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mount Olivet Cem.* DATE *March 26, 1937*

19. UNDERTAKER *Clark Mortuary*
(ADDRESS) *5025 King Hill Ave.*

20. FILED *Mar 25 19 37* *H. J. Nestlebach*
H. J. Nestlebach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 25, 1937*, 19

22. I HEREBY CERTIFY, That I attended deceased from *Mar 24 1937* to *Mar 25 1937*, 1937

I last saw her alive on *Mar 24 1937*. Death is said to have occurred on the date stated above, at *12 a.m.*

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

Septicemia Acute Date of onset *3/20/37*
Pneumonia Acute
Blind Cellulitis Acute

Other contributory causes of importance:

Miscellaneous *3/20/37*
devised. (attempted)

Name of operation Date of
What test confirmed diagnosis? *Clinical* 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? *No*
If so, specify

(Signed) *A. R. Johnson*, M. D.
(Address) *St. Joseph, Mo*

WRITE PLAIN, WITH OUTFADING INK---THIS IS A PERMANENT RECORD

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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.

