

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.

MAR 22, 1937 *Case 74 case Jenkins* MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Laclede* Registration District No. *453*
Township *Basconade* Primary Registration District No. *5619*
City (No. St. Ward)

File No. *12387*
Registered No. *16*

2. FULL NAME *George Ivan McCallister*

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 29 1917*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 2 4 1/2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Renter*
10. Date deceased last worked at this occupation (month and year) *Feb. 1937* 11. Total time (years) spent in this occupation. *7*

MOTHER PATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Falcon Laclede, Mo.*

13. NAME *George McCallister*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Nebo Laclede, Mo.*

MOTHER PATHER
15. MAIDEN NAME *Francis Davis*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Laclede, Mo.*

17. INFORMANT *Floyd McCallister*
(ADDRESS) *Italean, Mo.*

18. BURIAL, CREMATION, OR REMOVAL *New Home Cemetery 8/5 1937*

19. UNDERTAKER *E. H. Stewart*
(ADDRESS) *Lebanon, Mo.*

20. FILED *Mar 4 1937* *E. R. Nelson*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 3 1937*
22. I HEREBY CERTIFY, That I attended deceased from *2/28 1937* to *3/3 1937*
I last saw *him* alive on *2/3 1937* Death is said

to have occurred on the date stated above, at *8 A.M.*
The principal cause of death and related causes of importance were as follows:

Pneumonia Labor *2/7/37*
(Left)

Other contributory causes of importance: *100*
Empyema Left Chest

Name of operation *None* 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? *No.*
If so, specify.....
(Signed) *Paul A. Jenkins*, M. D.
(Address) *Lebanon, Mo.*

