

MAY 31, 1937

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

Do not use this space.

1. PLACE OF DEATH

109 County Texas
Township Carroll
City (No.)Registration District No. 1077
Primary Registration District No. 6140File No. 17826
Registered No. 12
St. Ward

2. FULL NAME

Jos. Andrew McCallahan
(a) Residence, No. St. Ward

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7 18567. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fanner9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all life

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) Summerset Ky13. NAME Jos. E. McCallahan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis15. MAIDEN NAME Mary Paul Phelps16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis17. INFORMANT (ADDRESS) Ralph McCallahan18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE 4.17 193719. DECEASED BY (ADDRESS) Jos. Hicksman20. FILED 4/16 1937 J. B. M. Dancy, M.D. Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16 193722. I HEREBY CERTIFY, That I attended deceased from 4-5 1937, to 4-16 1937I last saw him alive on 4/15 1937. Death is said to have occurred on the date stated above, at 79 m.

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

Date of onset

General breakdown

Other contributory causes of importance:

Old age

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

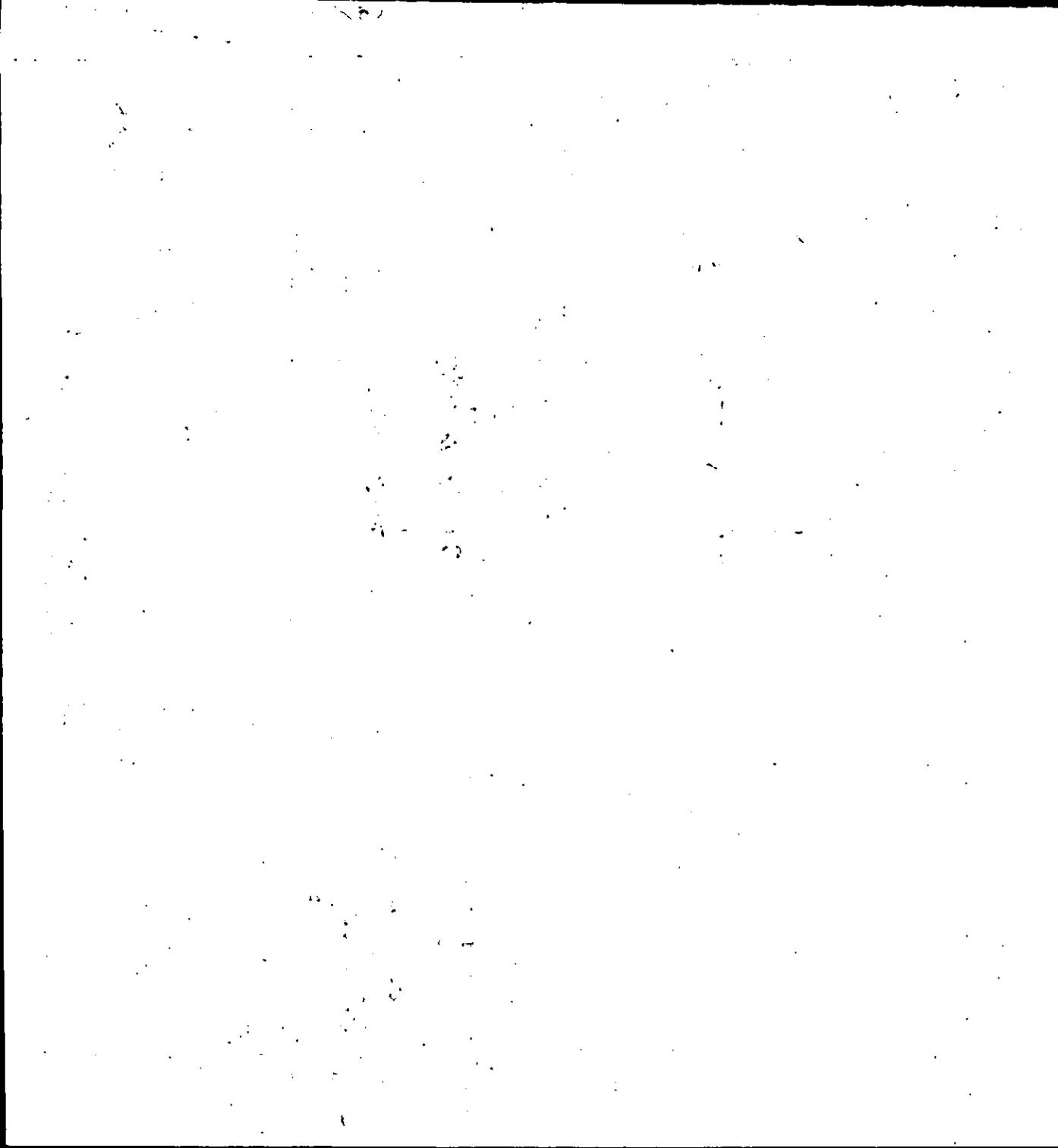
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. M. Peeds M. D.(Address) Summerset Ky

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Texas
Township Carroll
City _____ (No. _____) St. _____ Ward _____

Registration District No. 1077
Primary Registration District No. 6140

File No. 17826
Registered No. 12

2. FULL NAME

John Andrew McCallister

(a) Residence No. _____ St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha, Ellen McCallister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 1 10

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)

13. NAME Gas E McCallister

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 4/16 1937 J. B. McDaniel MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the _____ as stated above, at _____ m.

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

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) R. M. Reeds M. D. (Address) Summersville Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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