

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.

41  
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9  
JUL 29 1937

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

Do not use this space.

23944

1. PLACE OF DEATH

County Jasper  
Township  
City Carthage (No. \_\_\_\_\_)

Registration District No. 408  
Primary Registration District No. 3020

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert Callison

(a) Residence, No. 1135 Forest St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Sylvia Callison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 3, 1860</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>8</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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>Craft Orchard Kentucky</u>		
MOTHER	13. NAME <u>William Callison</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chapman Kentucky</u>	
	15. MAIDEN NAME <u>Mary Patterson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chapman Kentucky</u>	
17. INFORMANT <u>Mrs Sylvia Callison</u> (ADDRESS) <u>1135 Forest Carthage, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Percele Cem.</u> DATE <u>June 30, 1937</u>		
19. UNDERTAKER <u>Knell Mortuary</u> (ADDRESS) <u>Carthage, Missouri</u>		
20. FILED <u>June 29, 1937</u> <u>S. B. Clinton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to at least June 27, 1937.  
I last saw h. m. alive on June 21, 1937. Death is said to have occurred on the date stated above, at 11:50 a. m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach

Date of onset	<u>1 year</u>
	<u>on</u>

Other contributory causes of importance:  
HO

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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 1  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) M. J. Harve, M. D.  
(Address) Carthage, Mo.

