

JUL 29 1937

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

Do not use this space.

24149

1. PLACE OF DEATH

County Lawrence
Township Wash
City Leeton, R. 2

Registration District No. 474
Primary Registration District No. 5638

File No. 51
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Edward Callison

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. mos. 3 ds. 13 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-14-1851

7. AGE YEARS 86 MONTHS 3 DAYS 13
IF LESS than 1 day, _____ hrs. or _____ min.

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.

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) Leavenworth, Mo

13. NAME James Callison

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

15. MAIDEN NAME Nancy Nelson

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

17. INFORMANT John Callison (ADDRESS) Leaton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE John's Chapel DATE 5/28 1937

19. UNDERTAKER Burr Funeral Service (ADDRESS) Ash Grove, Mo

20. FILED P/S 1937 Mrs. Anna Edith Heron Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 27, 1936

I last saw him alive on May 27, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Coronary Arteriosclerosis Date of onset 5/10/36

Other contributory causes of importance: 13!

Name of operation None Date of _____
What test confirmed diagnosis Physical 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) Leona J. American M. D.
(Address) Ash Grove, Mo, R. 2

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.

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**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 Lawrence Registration District No. 474 File No. 24149
Township Opark Primary Registration District No. 6638 Registered No. _____
City Everton R 2 (No. _____) St. _____ Ward _____

2. FULL NAME William Edward Callison

(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 (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 3 13

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. _____
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) Lawrence Mo.

13. NAME James Callison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Mo.

15. MAIDEN NAME Nancy Gilmore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Mo.

17. INFORMANT (ADDRESS) John Callison
Everton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Johns Chapel DATE 6/28 1937

19. UNDERTAKER (ADDRESS) Brin General Service
Ash Grove Mo.

20. FILED 6/5 1937 Mrs Anna Wilkerson
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 10th 1937 to May 27 1937

I last saw him alive on May 27 1937. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:
urinary Poisoning Date of onset _____

Chronic Nephritis
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) Leona Gum Morrison M.D.

(Address) Ash Grove Mo.

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

S-24149