

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.

AUG 23 1937

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

Do not use this space.

27260

## 1. PLACE OF DEATH

County Green  
Township Springfield  
City Springfield (No. 442)

Registration District No. 318  
Primary Registration District No. 2001  
St. Madison

File No. \_\_\_\_\_  
Registered No. 615  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Wilkie McCallister  
(a) Residence, No. 442 West Madison 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 Claude McCallister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 11 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. \_\_\_\_\_  
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) Sevier, Missis.13. NAME Alex Shreve14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia15. MAIDEN NAME Ella Glass16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland17. INFORMANT (ADDRESS) Roy Shreve18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City DATE Aug 16, 193719. UNDERTAKER (ADDRESS) Webb City Undertaking Co.20. FILED July 31, 1937 Chas. A. George Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937, to July 30, 1937.  
I last saw him alive on July 31, 1937. Death is said to have occurred on the date stated above, at 11:41 P.M.  
The principal cause of death and related causes of importance were as follows:

General Peritonitis Date of onset July 23  
NMO

Other contributory causes of importance: \_\_\_\_\_

Probably a Carcinoma  
not positive diagnosis  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clyme Was there an autopsy? Yes

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) J. S. Dayes M. D.  
(Address) 623 Reedcraft  
Springfield

