SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Joseph, Registration District No. 85 File No. 30218
Township Primary Registration District No. 1001 Registered No. 945
City St. Joseph, (No. 204 South 11th. St. Ward)

2. FULL NAME William C. Call,
(a) Residence, No. 204 South 11th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1885

7. AGE: YEARS 52 MONTHS 0 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri

FATHER
13. NAME Samuel D. Call,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

MOTHER
15. MAIDEN NAME Cuma Coats,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Iowa,

17. INFORMANT (ADDRESS) Miss Margaret Call 204 So. 11th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeKalb, Mo. DATE Sept. 1, 1937

19. UNDERTAKER (ADDRESS) Theaton-Begale & Bowman 310 So. 10th. Str. Funeral Home

20. FILED Aug 31 1937 H. J. Heathbush Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 30, 1937
I last saw him alive on Aug 27, 1937. Death is said to have occurred on the date stated above, at 8:00 pm.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Hypertension & arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis? Clin Hist 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) Tomas Thomas, M. D.
(Address) 731 Faraon

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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