

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Kansas (No. 1716 57 2)

File No. 33428
Registered No. 3075
St. _____ Ward _____

2. FULL NAME Mary Callahan
(a) Residence, No. 167 Jefferson 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 - 1863
7. AGE YEARS 74 MONTHS 1 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) England
13. NAME Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Mrs. Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
17. INFORMANT Henry A. Callahan
(ADDRESS) 727 1/2 E. 10th
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 9/27 37
19. UNDERTAKER (ADDRESS) W. J. O'Donoghue
525 Broadway
20. FILED Sept 26 1937 m. m. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 37
22. I HEREBY CERTIFY, That I attended deceased from 9-25-1937, to _____, 19____
I last saw her alive on _____, 19____ Death is said to have occurred on the date stated above, at 8:30 am
The principal cause of death and related causes of importance were as follows:
Anemia due to Senility Date of onset 9 20
Other contributory causes of importance:
Myocardial insufficiency
Cardiac thrombosis
Name of operation None 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? no
If so, specify _____
(Signed) D. A. Mabey, M. D.
(Address) 1700 Summit

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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