

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County CedarRegistration District No. 16540Township StocktonPrimary Registration District No. 5-2-21City Stockton (No. 2)File No. 33928Registered No. 38St. Ward

2. FULL NAME

(a) Residence, No. Jessie Della Callen 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 - 19297. AGE YEARS 8 MONTHS 8 DAYS 18 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student9. 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) Johnson Co. Mo.13. NAME Fernell D. Callen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ITD.15. MAIDEN NAME Bulah Hitt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.17. INFORMANT (ADDRESS) F. D. Callen18. BURIAL, CREMATION, OR REMOVAL PLACE Caplinger Mills DATE Oct 11 193719. UNDERTAKER (ADDRESS) W. C. Dairs & Co.20. FILED Oct 15 1937 Mrs. H. G. Brown Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 193722. I HEREBY CERTIFY, That I attended deceased from October 10, 1937 to October 11, 1937I last saw her alive on October 11, 1937 Death is saidto have occurred on the date stated above, at m.

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

Acute dilatation of heart following scarlet fever Date of onset

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) H. A. Linnell, M. D.(Address) Stockton Mo

