

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

Do not use this space.

REC'D MAR 17 1938

3

1. PLACE OF DEATH

County Jackson
 Township Prarie
 City Jackson County Hospital

Registration District No. 400
 Primary Registration District No. 5553B

File No. 6993
 Registered No. 29

2. FULL NAME

(a) Residence, No. Blue Springs, Mo Ward.

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. (If nonresident, give city or town and State)

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 (write name of) Mary Mc Callum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 10 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. car taker

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) Feb. 1938 11. Total time (years) spent in this occupation.....

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

13. NAME Eugene Mc Callum

14. BIRTHPLACE (CITY OR TOWN) Wuk Minnesota (STATE OR COUNTRY)

15. MAIDEN NAME Mary Mc Connell

16. BIRTHPLACE (CITY OR TOWN) Wuk Tennessee (STATE OR COUNTRY)

17. INFORMANT Eugene Mc Callum (ADDRESS) Blue Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moran, Kans DATE Feb 17-38

19. UNDERTAKER Mrs. C. L. Forster (ADDRESS) Kansas City, Mo

20. FILED Feb 16 38 William S. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1938 to Feb 15 1938
 I last saw him alive on Feb 15 1938. Death is said to have occurred on the date stated above, at 2:10 A.M.
 The principal cause of death and related causes of importance were as follows:

CEREBRAL HEMORRHAGE
72W
 Other contributory causes of importance:
MYELOGENOUS LEUKEMIA

Name of operation NONE Date of
 What test confirmed diagnosis? Autopsy 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?
 If so, specify
 (Signed) J. E. Suresh Jr., M. D.
 (Address) Jackson County Hospital
Little Blue, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-10-22-36 I X3514

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.

3.13
318 August