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.

REC'D MAY 10 1938

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

15394
Do not use this space.

1. PLACE OF DEATH
(a) County NEWTON — Registration District No. 609
(b) Township — Primary Registration District No. 4363 — Registered No. 46
(c) City NEOSHO — (d) Street No. 812 NORTH COLLEGE St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CLARA FRANCIS CALLAHAN 450
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: H. E. CALLAHAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC 11. 1870
7. AGE: YEARS 68 — MONTHS 4 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: HOUSEWIFE
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): INDIANA

FATHER
13. NAME: JOHN COPPLE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): PENNSYLVANIA

MOTHER
15. MAIDEN NAME: EILZABETH DAVIS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): INDIANA

17. INFORMANT (ADDRESS): H. E. Callahan, NEOSHO, MO
18. BURIAL, CREMATION, OR REMOVAL
PLACE I. O. O. F. CEMETERY DATE 4/25/38 19
19. FUNERAL DIRECTOR (ADDRESS): THE BIGHAM MORTUARY, NEOSHO, MO
20. FILED 4-23-38 19 Onal A Sale, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23, 1938
22. I HEREBY CERTIFY, That I attended deceased from February 5, 1938 to April 22, 1938
I last saw her alive on April 22, 1938 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic poisoning	
131	

Other contributory causes of importance:
Angina pectoris - Chronic interstitual nephritis - Arteriosclerosis

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) Onal A Sale, M. D.
543 (Address) Neosho, Missouri

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, J. A. Bingham, Licensed Embalmer No. 2689

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ruth Collier

L. E.

No. 3632 or by Registered Apprentice No.

working under my personal supervision.

Signed J. A. Bingham

Licensed Embalmer No. 2689

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)