

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

Do not use this space.

DEP OCT 27 1938

**1. PLACE OF DEATH**

County Texas  
 Township Shurelf  
 City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 865  
 Primary Registration District No. 6149

File No. 33528  
 Registered No. 29 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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.

Ellen McCalister 24

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Vernon McCalister</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12, 1910</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>6</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>May 30</u>	
	11. Total time (years) spent in this occupation <u>1 1/2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hazelton, Mo</u>		
FATHER	13. NAME <u>John Lewis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shannon, Mo</u>	
MOTHER	15. MAIDEN NAME <u>Laura Walker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps, Mo</u>	
17. INFORMANT (ADDRESS) <u>John Lewis, Hazelton, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walden Cem Hazelton, Mo</u> DATE <u>Sept 20, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Her neighbors, Hazelton, Mo</u>		
20. FILED <u>9/19/38</u> S. D. H. Reed, Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7:15 - 9:15, 1938, to 9:15, 1938  
 I last saw him alive on Sept 18, 1938. Death is said to have occurred on the date stated above, at 8:00 m.  
 The principal cause of death and related causes of importance were as follows:  
Typhoid

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) L. S. H. Reed, M. D.  
 (Address) Hazelton, Mo

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.

