

1938

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

42511
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 5131 Registered No. 265
(c) City Poplar Bluff (d) Street No. Hiway 60 West of Poplar Bluff 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

450 GERARD F. Callihan
(a) Residence, No. Caruthersville St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Clara Callihan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1879
7. AGE YEARS 59 MONTHS 5 DAYS 29 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. electrical
9. Industry or business in which work was done, as saw mill, bank, etc. Contractor
10. Date deceased last worked at this occupation (month and year) 12/24/38 11. Total time (years) spent in this occupation abt 30 years
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prebens, Mississippi
13. NAME Jefferson Callihan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
15. MAIDEN NAME Eugene Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Mrs. Susan Martin, Prebens, Miss.
18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville DATE 12/28/38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) La Forge, Wal. Co. Caruthersville, Mo.
20. FILED 1/5 1939 Obstetrical Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 - 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Internal hemorrhage
Traumatic shock
driving car on slick black top car skidded turned over three times on highway
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec 26, 1938
Where did injury occur? Shannon Co. Miss
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on public highway
Manner of injury car overturned on highway
Nature of injury laceration of face hand crushed chest

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) epover green, M. D.
(Address) Toplas Bluff Miss

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

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.