

REC'D FEB 6 1939

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

Do not use this space.

1. PLACE OF DEATH

County Barton
Township Nashville
City Liberal, Mo. (No. R.F.D.#1)

Registration District No. 46
Primary Registration District No. 5069

File No. 1530
Registered No. 4
St. _____ Ward)

2. FULL NAME

Mary E. Callis

(a) Residence, No. Liberal Mo. R.F.D.#1 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

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

Chas. J. S. Callis6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 4 12

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

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) 11. Total time (years) spent in this occupation. 1

12. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

13. NAME John E. Davis

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

15. MAIDEN NAME Rachael Sutter

16. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

17. INFORMANT Madge Dingman Daughter (ADDRESS) Liberal Mo.

18. BURIAL, CREMATION OR REMOVAL

PLACE Nashville Mo. DATE Jan 8, 1923

19. UNDERTAKER Ellsworth and Co 46 (ADDRESS)

20. FILED Jan 24, 1939 Gladys Overman Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1923

22. I HEREBY CERTIFY That I attended deceased from

19... to 19...

I last saw her alive on Jan 6, 1923 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Typhoid 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 Madge Dingman Daughter(Signed) M. H. in Altman and Lee and(Address) Liberal, Barton Co.

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.

RECORD

199

THE UNIVERSITY OF CHICAGO LIBRARY

1215 EAST 58TH STREET
CHICAGO, ILL. 60637

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a list of entries or a detailed index, possibly containing names, dates, and other identifying information. The text is organized into several columns and rows, but the individual characters are difficult to discern.]

[Illegible text block 1]

[Illegible text block 2]

[Illegible text block 3]

[Illegible text block 4]

[Illegible text block 5]

[Illegible text block 6]

[Illegible text block 7]

[Illegible text block 8]

[Illegible text block 9]

[Illegible text block 10]

[Illegible text block 11]

[Illegible text block 12]

[Illegible text block 13]

[Illegible text block 14]

[Illegible text block 15]

[Illegible text block 16]

[Illegible text block 17]

[Illegible text block 18]

[Illegible text block 19]

[Illegible text block 20]

[Illegible text block 21]

[Illegible text block 22]

[Illegible text block 23]

[Illegible text block 24]

[Illegible text block 25]

[Illegible text block 26]

[Illegible text block 27]

[Illegible text block 28]

[Illegible text block 29]

[Illegible text block 30]

[Illegible text block 31]

[Illegible text block 32]

[Illegible text block 33]

[Illegible text block 34]

[Illegible text block 35]

[Illegible text block 36]

[Illegible text block 37]

[Illegible text block 38]

[Illegible text block 39]

[Illegible text block 40]

[Illegible text block 41]

[Illegible text block 42]

[Illegible text block 43]

[Illegible text block 44]

[Illegible text block 45]

[Illegible text block 46]

[Illegible text block 47]

[Illegible text block 48]

[Illegible text block 49]

[Illegible text block 50]

[Illegible text block 51]

[Illegible text block 52]

[Illegible text block 53]

[Illegible text block 54]

[Illegible text block 55]

[Illegible text block 56]

[Illegible text block 57]

[Illegible text block 58]

[Illegible text block 59]

[Illegible text block 60]

[Illegible text block 61]

[Illegible text block 62]

[Illegible text block 63]

[Illegible text block 64]

[Illegible text block 65]

[Illegible text block 66]

[Illegible text block 67]

[Illegible text block 68]

[Illegible text block 69]

[Illegible text block 70]

[Illegible text block 71]

[Illegible text block 72]

[Illegible text block 73]

[Illegible text block 74]

[Illegible text block 75]

[Illegible text block 76]

[Illegible text block 77]

[Illegible text block 78]

[Illegible text block 79]

[Illegible text block 80]

[Illegible text block 81]

[Illegible text block 82]

[Illegible text block 83]

[Illegible text block 84]

[Illegible text block 85]

[Illegible text block 86]

[Illegible text block 87]

[Illegible text block 88]

[Illegible text block 89]

[Illegible text block 90]

[Illegible text block 91]

[Illegible text block 92]

[Illegible text block 93]

[Illegible text block 94]

[Illegible text block 95]

[Illegible text block 96]

[Illegible text block 97]

[Illegible text block 98]

[Illegible text block 99]

[Illegible text block 100]

The Ellsworth Undertaking Company
MASONIC TEMPLE
PITTSBURG, KANSAS

*Part to
Certificate*

OFFICE OF
W. E. ELLSWORTH

January 27, 1939.

The State Board of Health
of Missouri.

This is to state that, on the
6th., day of January 1923 I was called to care
for the dead body of Mary E. Collis (wife of
Charles Collis) who died at her home in
Barton County Missouri. Funeral services were
held on January 8, 1923. Interment was held
in the Nashville Cemetery.

Signed

W. E. Ellsworth

Subscribed and sworn to, before me, this 27th day
of January 1939.

Signed

Allen Stanley
Notary Public

My commission expires
mag 27, 1939

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

15-30
Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 46
(b) Township Nashville Primary Registration District No. 5069
(c) City (d) Street No. 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 Mary E. Collis

(a) Residence, No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS 52 MONTHS 4 DAYS 12 If LESS than 1 day, hrs. or min.

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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 24 19 39 Gladys Overman Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 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:

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 Gladys Overman Smith (Signed)

(Address) Minden Mines, Mo.

Local Registrar

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED