

REC'D FEB 28 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson (No. _____) St. _____ Ward _____

Registration District No. 1171
Primary Registration District No. 0145

File No. 4158
Registered No. _____

2. FULL NAME

Ada Glennille McCalgin

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 14

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

13. NAME John Parschall

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

15. MAIDEN NAME Martha Parschall

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

17. INFORMANT (ADDRESS) Bill McCalgin

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley View DATE Jan 16, 1939

19. UNDERTAKER (ADDRESS) Smith & Ferguson

20. FILED Jan 18, 1939 Mrs Doris Gregory Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 10, 1939, to Jan 15, 1939
I last saw her alive on Jan 8, 1939. Death is said to have occurred on the date stated above, at 8 a m.

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

Nephritis (Chronic)
121

Other contributory causes of importance: Branchitis Chronic

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Lester Parschall, M. D.
(Address) Licking Mo

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.

WASHINGTON, D. C.

MEMORANDUM FOR THE ATTORNEY GENERAL

DATE

RE: [Illegible]

STATEMENT OF FACTS

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