

DEC'D MAR 10 1939

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

Do not use this space.

8138

1. PLACE OF DEATH

County Wayne
Township St. Francois
City Greenville, Mo.

Registration District No. 890
Primary Registration District No. 45-39

File No. 8138
Registered No. 5
St. _____ Ward _____

2. FULL NAME William Sherman McCallister,

(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

MEDICAL CERTIFICATE OF DEATH

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 Osie McCallister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 4 6

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

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) Missouri13. NAME James McCallister14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Nancy Cozart16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Osie McCallister
(ADDRESS) Greenville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Chapel DATE February 9, 193919. UNDERTAKER Yates Lumber Company
(ADDRESS) Greenville, Mo.20. FILED Feb 14, 1939 Mabel Beasley Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1939, to Feb 7, 1939.
I last saw him alive on Feb 7, 1939. Death is said

to have occurred on the date stated above, at 4:50 p.m.

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

Lobar Pneumonia

Date of onset

1/21/39Other contributory causes of importance: 10/3

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) O. D. Engler, M. D.
917 (Address) Greenville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

