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.

REG'D MAY 18 1939

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

Do not use this space.

File No. 14713

Registered No. 3

Registration District No. 1113

Primary Registration District No. 5317

1. PLACE OF DEATH

County: Crawford

Township: Cash

City: Dawnville (No. 450 St. Ward)

2. FULL NAME: Billie Joe Callahan

(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: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 23rd 1939

7. AGE: Years 0 | Months 0 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Dawnville, Mo

FATHER

13. NAME: Merle Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cherryville, Mo

MOTHER

15. MAIDEN NAME: Hilda Mae Callahan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cherryville, Mo.

17. INFORMANT (ADDRESS): Mrs. Jesse R. Callahan, Dawnville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Martin Cem. DATE: Apr. 28th 1939

19. UNDERTAKER (ADDRESS): Jesse Callahan, Erha, Mo.

20. FILED: 4-28, 1939 E. E. Feet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-23-, 1939, to 4-24, 1939

I last saw h. alive on 4-24, 1939 Death is said to have occurred on the date stated above, at 2:00 A.m.

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

Premature birth, (7 months) mother died at same time with T.B.

Date of onset

Other contributory causes of importance: 154

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) R. E. Parker, M. D.

(Address) Steelville Mo

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