

30 MAY 12 1939

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

Do not use this space.

1. PLACE OF DEATH

County DeWitt
Township Watkins
City Leitch (No. 1451)

Registration District No. 266
Primary Registration District No. 5274

File No. 14759
Registered No. 33 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert W. Callahan

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 17 - 1853

8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 85- 5- 3

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation working

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeWitt Mo

13. NAME John Horwell

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

15. MAIDEN NAME Elizabeth Cooper

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

17. INFORMANT (ADDRESS) Ira Coffey

18. BURIAL, CREMATION, OR REMOVAL PLACE Round Pond DATE April 21 1939

19. UNDERTAKER (ADDRESS) Spencer Funeral Home

20. FILED April 21 1939 F. E. Butler, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1939

22. I HEREBY CERTIFY, that I attended deceased from May 1 1938 to April 18 1939
I last saw her alive on April 14 1939 Death is said to have occurred on the date stated above, at 3 1/2 m.

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

Carcinoma of breast

Other contributory causes of importance: 50

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) Dr. W. J. Dickerson M. D.
240 (Address) Edgar Springs Mo

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.

