

SEP 1 1939

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

28530

Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 346
(b) Township Spring Primary Registration District No. 5095
(c) City Johnston (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 SUDIE M. HILLIARD

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 12

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

13. NAME H. W. Callahan

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

15. MAIDEN NAME Sarah Martha Callahan

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

17. INFORMANT Tom Callahan
(ADDRESS) Johnston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Johnston DATE July 23, 1939

19. FUNERAL DIRECTOR (NAME) Lewis Glassing
(ADDRESS) Maubrose, Mo.

20. FILED July 22, 1939 Laura B. Odneal
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1939

I HEREBY CERTIFY that I attended deceased from July 10, 1939 to July 22, 1939

I last saw him alive on July 22, 1939 Death is said to have occurred on the date stated above, at 4 p.m.

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

Cancer of Stomach
Metastasis to liver

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

22. 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? Yes

If so, specify _____ (Signed) R. L. Johnson, M. D.
959 (Address) Ashton City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-9-19-38 I X16605

K. 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Osceola E. Echhoff

Licensed Embalmer No. 3942

P. O. Address Opelika City, Ala

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.