

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.

MAR 19 1941

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

Do not use this space.

8522

1. PLACE OF DEATH

County Webster
Township Ozark
City _____ (No. 1)

Registration District No. 896
Primary Registration District No. 6198

File No. 112
Registered No. 07
St. 0 Ward

2. FULL NAME

(a) Residence, No. Marshfield Mrs. - Rural St. 0
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. P. Yater

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1861

7. AGE YEARS 69 MONTHS 8 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Webster Co., Mo.

FATHER 13. NAME Parham Callaway

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) N.C.

MOTHER 15. MAIDEN NAME Nancy Stirk

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) N.C.

17. INFORMANT Mrs. W. C. Hobson
(ADDRESS) Marshfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE 6 benev DATE Jan 17 1941

19. UNDERTAKER W. H. H. Funeral Home
(ADDRESS) Marshfield Mo

20. FILED July 20 1941 Elizabeth Skyles
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1941 to Jan 14 1941.
I last saw her alive on Jan 14 1941. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Pneumonia, Obar Date of onset 8/10/34
Influenza - preceding
Other contributory causes of importance: 33 W

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) Ray Callaway M. D.
(Address) Springfield Mo

RECORDED

District Health Officer No. 1

District No. 341-466

Date Filed MAR 14 1941