

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

31043

OCT 23 1935

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis

Registration District No. 1003
 Primary Registration District No. Barnes Hospital

File No.....
 Registered No. 7838
 St. Ward)

2. FULL NAME

(a) Residence, No. St. N.R. Ward. Greenup Ill.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lora Callahan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10-1907</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>1</u>	DAYS <u>7</u>
If LESS than 1 day, hrs. or min.		

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

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) Wadberry Ill

13. NAME Frank Meyers

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

15. MAIDEN NAME Neva Coalan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Ill

17. INFORMANT (ADDRESS) Harry Callahan Greenup Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Rose Ill DATE 9-20-1935

19. UNDERTAKER (ADDRESS) D. K. Bishop Greenup Ill.

20. FILED SEP 18 1935 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-4 1935 to 9-17 1935
 I last saw her alive on 9-17 1935 Death is said to have occurred on the date stated above, at 6:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Hypertension & uricemia
Chr Myocarditis
Chr Nephritis

Other contributory causes of importance: 131

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Paul Kunkel, M. D.
 (Address) Barnes Hospital

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.

