

DEC 15 1937

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

Do not use this space.

40893

1. PLACE OF DEATH

County Cape Girardeau
Township Cape
City _____ (No. _____) St. _____ Ward _____

Registration District No. 121
Primary Registration District No. 5-178

File No. _____
Registered No. 367

2. FULL NAME

Peter McCallister
County Home St. _____ Ward _____

(a) Residence, No. _____ (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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1852

7. AGE YEARS 85 MONTHS 3 DAYS 28 If LESS than 1 day, hrs. or min.

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

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) West Virginia

13. NAME Andrew McCallister

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

15. MAIDEN NAME Mary Ford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) C. D. Randall Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE County Home DATE Nov 14, 1937

19. UNDERTAKER (ADDRESS) Crosson - Miller - Allen Jackson

20. FILED 11-18-37 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937 to Nov 13, 1937

I last saw him live on Nov 11, 1937 Death is said to have occurred on the date stated above, at 11 A.M.

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

arterio sclerosis 1936
High Blood Pressure 1935

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? No

If so, specify _____ (Signed) J. M. Thompson, M. D. (Address) Jackson Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S SHOWN STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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