

REC'D MAY 18 1939

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

Do not use this space.

15761

1. PLACE OF DEATH

80 County Osage Registration District No. 668
Township Sealedale Primary Registration District No. 2032
City Sealedale (No. Bathwell Park) St. Mo Ward

2. FULL NAME

450 Monroe Allen Callis
(a) Residence, No. 421 S. Park St. Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 6 6

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

FATHER 13. NAME George Callis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Mo

MOTHER 15. MAIDEN NAME Lucy G. Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Mo

17. INFORMANT Mrs. M. G. Callis
(ADDRESS) Sealedale Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sealedale Mo DATE = 4-21, 1939

19. UNDERTAKER B. F. Garman
(ADDRESS) 29 1/2 N. 1st St. Sealedale Mo

20. FILED 4-21, 1939 Mrs. Harry Sneed Registrar. 966

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1939, to Apr 19, 1939

I last saw him alive on Apr 19, 1939. Death is said to have occurred on the date stated above, at 10 A. m.

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

Shock from prostatectomy 127
Date of onset 4/19

Other contributory causes of importance:—

urinary obstruction from enlarged prostate gland
Name of operation prostatectomy Date of 4/19
What test confirmed diagnosis? clinical 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) W. S. Sneed, M. D.

(Address) Sealedale 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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed: 3/5/39