

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

Do not use this space.

27385

1. PLACE OF DEATH

County *Moniteau*
Township *Hillier*
City *California* (No. _____)

Registration District No. *571*
Primary Registration District No. *571-433*

File No. _____
Registered No. *49* St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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 <i>Female</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>George Lounger</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 21-1862</i>		
7. AGE <i>73</i>	YEARS <i>7</i>	MONTHS <i>22</i>
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.	
	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) <i>Moniteau Co</i>		
FATHER	13. NAME <i>Benjamin F McCallister</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Dow-Plum</i>	
	15. MAIDEN NAME <i>Elizabeth Norman</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Dow-Plum</i>	
MOTHER	17. INFORMANT (ADDRESS) <i>Claud E. Lounger</i>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cemetery</i> DATE <i>7/14/36</i>	
19. UNDERTAKER (ADDRESS) <i>Hillebrand & Friedmeyer</i>		
20. FILED <i>7-15-1936</i> <i>RR Popejoy</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>July 13 1936</i>
22. I HEREBY CERTIFY, that I attended deceased from <i>May 1</i> to <i>July 13</i> , 19 <i>36</i> I last saw him alive on <i>July 13</i> , 19 <i>36</i> Death is said to have occurred on the date stated above, at <i>3:00</i> p.m. The principal cause of death and related causes of importance were as follows: <i>Carcinoma of uterus</i> Date of onset <i>48</i>
Other contributory causes of importance:
Name of operation _____ Date of _____ What test confirmed diagnosis? <i>Pathological microscope</i> Was there an autopsy? <i>Yes</i>
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) <i>L. L. Latham</i> , M. D. (Address) <i>California</i>

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