

APR 23 1936

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

Do not use this space.

10968

## 1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. Research Hospital)

File No. ....  
Registered No. ....  
St. 1644 Ward)

## 2. FULL NAME

Melva Dean Calloway

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Orrick, Missouri  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 15, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
9 4 X 11

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

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) Missouri

13. NAME Lee Calloway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Missouri

15. MAIDEN NAME Elsie Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri

17. INFORMANT Lee Calloway  
(ADDRESS) Orrick, Missouri

18. BURIAL CREMATION, OR REMOVAL PLACE Orrick, Mo. DATE March 27, 1936

19. UNDERTAKER Stine & McClure  
(ADDRESS) 3256 Gillham Plaza

20. FILED Mar 26 1936 M. M. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1936, to 3-26, 1936

I last saw her alive on 3-23, 1936. Death is said

to have occurred on the date stated above, at 4 p. m.

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

General Peritonitis Date of onset 3-22-36

Other contributory causes of importance:

Acute perforated appendicitis 17 12 3-19-36

Name of operation laparotomy Date of 3-22-36

What test confirmed diagnosis? Clinical 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? NO

If so, specify

(Signed) J. H. Hunt, M. D.

(Address) Prof. J. H. Hunt, S. C. C. C.

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.

