

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

Do not use this space.

15438

1. PLACE OF DEATH

City St. Francis Registration District No. 779
 Township Paradise Primary Registration District No. 6024a
 City Cantwell (No. _____) St. _____ Ward _____

2. FULL NAME

Ernie Frank McCall
 (a) Residence, No. Cantwell Mo 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver McCall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30 - 1902
 7. AGE YEARS 28 MONTHS 7 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead mill 27
 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) Desloge Mo. 1

13. NAME William R. McCall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

15. MAIDEN NAME Angelina Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonneton Mo. 1

17. INFORMANT Robert McCall (ADDRESS) Cantwell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis DATE Apr 12 1931

19. UNDERTAKER C. J. Boyer (ADDRESS) Desloge Mo.

20. FILED 4-12-31 R. B. Rector Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 8 1931 to April 10 1931
 I last saw him alive on Apr 10 1931. Death is said to have occurred on the date stated above, at 9:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset about Nov. 1930
23A
23
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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 To my knowledge

(Signed) E. O. Shuback, M. D.
 (Address) Fleur River Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 6 1931

