

Callis

DIST. NO.

8

CERTIFICATE OF DEATH.

CLASS NO.

1142

No. of RECORD

105278

DISTRICT OF COLUMBIA.

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK, AND SPACE FOR REMARKS MAY BE FOUND ON THE OTHER SIDE.

1. Date of this Death..... *May 18* 19*22*

2. Full Name of Deceased..... *Emma Lee Callis*
If an unnamed infant, insert full names of both parents.

3. Sex: *Female* 4. Age: *46* 5. Color: *White* 6. Conjugal Condition: *Single*

YEARS..... MONTHS..... DAYS.....
WHITE
COLORED
INDIAN
CHINESE
JAPANESE

~~MARRIED~~
~~WIDOWED~~
~~DIVORCED~~

Under sex, color and conjugal condition, strike out the words not applicable.
Under color, the term "colored" includes all of African descent, whether of pure or mixed blood.

7. Occupations..... *Tailor*

8. Birthplace of Deceased..... *Va*

9. Birthplace of Father..... *Va*

10. Birthplace of Mother..... *Va*

If born in the United States, give State, Territory or District; otherwise, give country.

11. Duration of Residence in this District..... *22 yrs.*

12. Place of Death..... *411-9-51*

13. Cause of Death..... *Pericarditis of Unknown Origin*

PRIMARY.....
IMMEDIATE.....
DURATION
4 mos.
4 days

14. If Death Occurred in an Institution, give:

NAME OF INSTITUTION.....

LENGTH OF TIME DECEASED WAS AN INMATE.....

15. If Deceased did not Die at his or her Residence, give:

PLACE OF RESIDENCE.....

I hereby certify that I attended the deceased professionally during *his* last illness..... M. D.

Address..... *903 M. N. W.*

TO BE FILLED OUT AND SIGNED BY THE UNDERTAKER:

PLACE OF BURIAL..... *Congressional* DATE OF BURIAL..... *May 20th* 19*22*

IF BODY IS TO BE BURIED OUTSIDE OF THE DISTRICT, STATE:

ROUTE OF TRANSPORTATION..... DATE OF REMOVAL..... 19.....

SIGNATURE..... *Harry M. Faggell* Undertaker.

Address..... *1730-11th St. N.E.*