FEB 23 1928

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

Do not use this space.

1960

1. PLACE OF DEATH
County Newton — Registration District No. 612 — File No.
Township Van Buren — Primary Registration District No. 5814 — Registered No.
City (No. St. Ward)

2. FULL NAME Mary Amanda Sala
(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 Female
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 9. 1861

7. AGE Years 66 Months 5 Days 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Granby
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER George Hederick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Bunsen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Granby
(STATE OR COUNTRY) Mo.

14. INFORMANT R. Brown
(Address) Ritchey Mo

15. FILED 2/8 1928 W. P. Moody REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Jany 10, 1928, to Jany 26, 1928 that I last saw her alive on Jany 25, 1928, and that death occurred, on the date stated above, at 3 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atheroma

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H L Wilson, M. D
1/27, 1928 (Address) Granby Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Granby Cemetery — DATE OF BURIAL Jan 27 1928

20. UNDERTAKER J. A. Wiltman — ADDRESS Granby Mo.

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.