

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

Do not use this space.

9327

1. PLACE OF DEATH

County Lackawanna

Registration District No. 1002

Township Paris

Primary Registration District No. 1214

City Paris

(No. 1214 Paris)

File No. 1087

Registered No. 1087

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sallie Williams Mack

(a) Residence. No. 1214 Paris 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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55

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

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

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. Taberna Armstrong  
INFORMANT (Address) 9500 E 37th

15. 3/7-28 M. A. Crowe  
FILED (Date) (Signature) REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-3-28 1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 11:15 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cholera. Pneumonia.

10 (duration) yrs. mos. ds. one day

CONTRIBUTORY (SECONDARY) Exposure to cold. (duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. At place of death.

DID AN OPERATION PRECEDE DEATH. No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS. Physical Exam.  
(Signed) Wm O. Taylor, M. D.  
3, 1928 (Address) 1705-E-12 St K.C. 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 Highland Care DATE OF BURIAL 3-8-28

20. UNDERTAKER H. B. Moore ADDRESS 1820 E. 68

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.

How 45



I am unable to get in  
touch with Mr. Taylor so  
can not give the length  
of his attendance in this  
case

M. M. Crowe

PHYSICIAN

5-9327

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