OCT 22 1929

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

Do not use this space.

30245

1. PLACE OF DEATH
County Callaway, Registration District No. 104 File No.
Township ~~Fulton~~ Primary Registration District No. 3008 Registered No. 187
City Fulton (No. , St. Ward)

2. FULL NAME Mrs, Sallie Bell Rossen,

(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 ~~Married~~
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J, I, Rossen, ~~Housewife~~, Jan, 10th, 1884

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ~~Sept. 5th, 1929~~

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
45	6	25	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Samuel Smith,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo,
12. MAIDEN NAME OF MOTHER Tish Suggett,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo,

14. INFORMANT J, I, Rossen,
(Address) Fulton, Mo,

15. Sept 6 1929 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 5th, 1929

17. I HEREBY CERTIFY, That I attended deceased from 8/18/29, 19 to 9/5/29, 19 that I last saw her alive on 8/5/29, 19 and that death occurred, on the date stated above, at About 2, P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage, uterine, due to fibroid cysts, and mass in uterine wall probably malignant, Anemia secondary (Specimen at lab) (duration) yrs. mos. 5 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9/5/29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Exploratory, follow with microscopic examination.

(Signed) Greene D. McCall M. D.
, 19 (Address) Fulton 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: Hillcrest Cemetery
DATE OF BURIAL: Sep-6th 1929

20. UNDERTAKER: Herndon-Taylor Furn-Co,
ADDRESS: Fulton 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.