

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

Do not use this space.

5749

1. PLACE OF DEATH

County Monroe Registration District No. 579
Township Marion Primary Registration District No. 5776
City..... (No.) St. Ward)

File No.....
Registered No.....

2. FULL NAME Sallie Elizabeth Kleigh

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/12 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Kleigh

17. I HEREBY CERTIFY, That I attended deceased from....., 1930, to....., 1930, that I last saw her alive on Feb 12, 1930, and that death occurred, on the date stated above, at 4 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/30/1846

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 12

Uraemia
13 1/2 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1/29/30
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co, Mo

19. DID AN OPERATION PRECEDE DEATH? ✓ DATE OF.....
WAS THERE AN AUTOPSY?.....

10. NAME OF FATHER David Ewoche

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. E. Johnson, M. D.
. 19 (Address) Madison

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

12. MAIDEN NAME OF MOTHER Nancy Davis

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

*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.

14. INFORMANT Sam Kleigh
(Address) Madison Rd RR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Sunset Hill Cemetery 2/14 1930

15. FILED....., 19.....
Fred A. Thompson
REGISTRAR
W. E. Johnson

20. UNDERTAKER ADDRESS
Fred A. Thompson
Madison

N. B.—Every item of information on this certificate is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MAR 28 1930

