

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

Do not use this space.

12759

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Russ Primary Registration District No. 1002
 City Russ City Mo. 618 So Brighton St. _____ Ward _____

2. FULL NAME John Sallee
 (a) Residence No. 618 So Brighton St. 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Sallee</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 6-1859</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>9</u>	DAYS <u>11</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: <u>Shoe maker</u> (b) General nature of industry, business, or establishment in which employed (or employer): <u>Himself</u> (c) Name of employer: _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Cedar Co</u> (STATE OR COUNTRY) <u>Missouri</u>		
10. NAME OF FATHER <u>James Sallee</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Kentucky</u>		
12. MAIDEN NAME OF MOTHER <u>Mary Ann Bowles</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Tenn</u>		
14. INFORMANT <u>Mary E Sallee</u> (Address) <u>618 So Brighton Ave</u>		
15. FILED <u>4/17 1930</u> <u>M. M. Carove</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1930
 17. I HEREBY CERTIFY, That I attended deceased from JEB-15 1930 to April 16 1930
 that I last saw him alive on April 14 1930, and that death occurred, on the date stated above, at 2:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
92 A
97 (duration) yrs. 2 mos. - ds.
 CONTRIBUTORY (SECONDARY) Arterio Sclerosis
 (duration) yrs. 2 mos. ds.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF 2000
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) H. V. Cordry, M.D. M. D.
 (Address) 805 Edinwood Ave

*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 El Dorado Springs Mo DATE OF BURIAL 4-19 1930
 20. UNDERTAKER C. D. Carson, Box 7 ADDRESS Judy

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

