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

Do not use this space.

26641

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3240
City Kansas City, Mo (No. Major- Simpson Sanitarium St. Ward)

2. FULL NAME Mrs. Sallie Waller Adkins
(a) Residence. No. 4002 Troost Ave., St., 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 16 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): widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13, 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
61	4	21	

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

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

PARENTS
10. NAME OF FATHER Joe Byard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Julia Higginbottom
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

14. INFORMANT Mr. Alex W. Adkins
(Address) 4002 Troost Ave.

15. FILED 8 6 30 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4th 1930

17. I HEREBY CERTIFY, That I attended deceased from April 30th, 1930, to Aug 4th, 1930 that I last saw her alive on Aug 4th, 1930, and that death occurred, on the date stated above, 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolism
(duration) Sudden yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Thrombosis & Manic Depressive Psychosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Dont Know
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Herman S. Major M.D.
Aug 4, 1930 (Address) 3100 Euclid Ave Cty

*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: Barry, Missouri — DATE OF BURIAL: 8/6/30 19

20. UNDERTAKER: Freeman Mortuary, 104 W — ADDRESS: 42nd St

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.