DEC 22 1930

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

Do not use this space.

37097

1. PLACE OF DEATH
County: Randolph
Registration District No.: 735
Primary Registration District No.: 3034
File No.:
Registered No.: 437
Township:
City: Moberly (No. , St. Ward)

2. FULL NAME: Sallie Fife Hutchins

(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
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 28, 1853

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	15	

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

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

PARENTS
10. NAME OF FATHER: Allan Fife
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Mary Minters
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Frank Fife
(Address): 308 S Morley St. Moberly Mo

15. (FILED) 11/14, 1930 Dr. Thos. S. Flemming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 13 — 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7 — 1930 to Nov. 13 — 1930 that I last saw her alive on Nov. 13 — 1930, and that death occurred, on the date stated above, at 2 30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
Hr A
Dr
10 v
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Arterial Hypertension
(duration) yrs. ? mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical History
(Signed) L. E. Huber, M. D.
11/14, 1930 (Address) Moberly 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: Oakland Cemetery
DATE OF BURIAL: Nov 14 1930
20. UNDERTAKER: Snow-Leavertol
ADDRESS: Moberly, 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.

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