

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

8990

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Sultan Primary Registration District No. 3008
City Sultan (No. 4) St. _____ Ward _____

File No. _____
Registered No. 55

2. FULL NAME

(a) Residence No. Sallie Holmes Ward. St. Louis, Mo.
(Usual place of abode) State Hosp #1, Fulton, Mo (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 yrs. 8 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 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) Mar 2nd 1931

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

17. I HEREBY CERTIFY, That I attended deceased from February 20 1931, to March 2 1931 that I last saw her alive on March 2, 1931, and that death occurred, on the date stated above, at 7:15 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) W.K.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>—</u>	<u>—</u>	<u>—</u>

Chronic Myocarditis
mitral insufficiency

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 31

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

10. NAME OF FATHER no information

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER no information

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. C. Cault, M. D.

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

(Address) March 3, 1931 Fulton, Mo

14. INFORMANT State Hosp Records
(Address) Sultan, 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.

15. FILED 3/A 1931 R. N. Creed
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hillcrest Cemetery DATE OF BURIAL Mar. 4 1931

20. UNDERTAKER Levy Wallace ADDRESS Fulton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 21 1931

