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.

MAY 25 1931

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

Do not use this space.

11793

1. PLACE OF DEATH

56 County Lewis — Registration District No. 480 — File No.

4 Township — Primary Registration District No. 4289 — Registered No. 6

City La Grange (No. ..... St. ..... Ward)

6 2. FULL NAME Sallie Eston

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 14th 1862

7. AGE: 69 YEARS — MONTHS: 2 — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 2 3/4
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmyra, Mo.

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Dennis Eston La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Grange DATE April 18, 1931

19. UNDERTAKER (ADDRESS): A. A. Roberts, La Grange, Mo.

20. FILED Apl 18 1931 W S Ellis Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16th 1931

22. I HEREBY CERTIFY, That I attended deceased from April 13th, 1931, to April 16th, 1931
I last saw her alive on April 16th, 1931. Death is said to have occurred on the date stated above, at 12 Noon
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

82 A
132 B
102

82 A

Other contributory causes of importance:
Hypertension & Uremia

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dr L E Carr, M. D.O.
(Address) La Grange