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.

JUN 24 1931

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

Do not use this space.

17276

File No.
Registered No. 120

1. PLACE OF DEATH
County Callaway
Township ~~Fulton~~
City Fulton (No. , St. Ward)
Registration District No. 104
Primary Registration District No. 3004

2. FULL NAME Sallie Ann Scott Jones
(a) Residence, No. State Hosp #1, Fulton, Mo. Ward. Louisiana, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. 2 mos. 15 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1884

7. AGE: Years 47 | Months 3 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Edgewood
(STATE OR COUNTRY) Missouri

FATHER
13. NAME W. W. Scott
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Mildred Smith
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

17. INFORMANT Records of State Hosp #1
(ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Louisiana, Mo. DATE May 29, 1931

19. UNDERTAKER E. L. Bell
(ADDRESS) Fulton, Mo.

20. FILED May 27, 1931 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25th, 1931

I HEREBY CERTIFY, That I attended deceased from January 28th, 1930, to May 25th, 1931.
I last saw her alive on May 24th, 1931. Death is said to have occurred on the date stated above, at 9:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/24/31
Dementia Praecox (Paranoid)	3/5/22

Other contributory causes of importance:

Name of operation None 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) C. C. Arets, M. D.
(Address) Fulton, Mo.