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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 402 — File No. 31563
Township — Primary Registration District No. 4237 — Registered No. 13
City Oak Grove Mo (No. ..... St. ..... Ward)

2. FULL NAME Emma May Sallee
(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: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H. Sallee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1858
7. AGE: YEARS 73 — MONTHS 6 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Pa.

FATHER
13. NAME Samuel Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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

17. INFORMANT (ADDRESS) Lillian Walraven, Oak Grove Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mo DATE 9/26, 1931
19. UNDERTAKER (ADDRESS) Z. O. Webb, Oak Grove
20. FILED Oct. 5, 1931 A. W. Mann, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/24, 1931.
22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931 to Sept. 24, 1931
I last saw her alive on Sept 24, 1931. Death is said to have occurred on the date stated above, at 8:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage left hemisphere.	9-16-31
186A 194B 82A	
Other contributory causes of importance: Fracture surgical neck of humerus left.	9-10-31

Name of operation None Date of —
What test confirmed diagnosis? — 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 Fracture of humerus left sur
Nature of injury to fall in yard of home

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) O. Tiston, M. D.
(Address) Oak Grove Mo