

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

Do not use this space
9048

1. PLACE OF DEATH

54 County Lafayette Registration District No. H 64 File No. 14
Township Washington Primary Registration District No. 5626 Registered No. 89
City (No.) St. Ward

2. FULL NAME

Sally R. Pool

(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 50 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles H. Pool
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11th 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 9
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. House Wife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Clinton Co. MO. (STATE OR COUNTRY) 1

13. NAME William Klapp
14. BIRTHPLACE (CITY OR TOWN) N. C. (STATE OR COUNTRY) 2

15. MAIDEN NAME Sarah Righter
16. BIRTHPLACE (CITY OR TOWN) N. C. (STATE OR COUNTRY)

17. INFORMANT Stephen Pool (ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pool Cemetery DATE 3/23/1932

19. UNDERTAKER Adelstein (ADDRESS) Higginsville, Mo.

20. FILED April 11, 1932 R. C. Schosley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to Mar 20, 1932

I last saw him alive on Mar 19, 1932. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
97
97
Other contributory causes of importance None (Date of onset)

Name of operation None Date of

What test confirmed diagnosis? None 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?.....

If so, specify (Signed) Maureen J. May, M. D.

(Address) Mayview, Mo.

N. B.—Every item of information should be carefully supplied. AGE SHOULD BE STATED IN PLAIN TERMS. CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

APR 27 1932

