

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

Do not use this space.

13744  
15

**1. PLACE OF DEATH**

County Lafayette  
Township Adessa  
City Adessa

Registration District No. 464  
Primary Registration District No. 4277

File No. \_\_\_\_\_  
Registered No. 83  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME** Sallie C. Lale

(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1874

7. AGE YEARS 88 MONTHS 9 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) White Plains (STATE OR COUNTRY) Mo.

13. NAME J. D. Hutchinson

14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY) 0

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Walter Johnson (ADDRESS) Adessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Adessa, Mo. DATE 4/17 1933

19. UNDERTAKER F. C. Luskman (ADDRESS) Adessa, Mo.

20. FILED 5/1 1933 R. C. Schooley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1933, to 4-16, 1933  
I last saw h. see alive on 4-16, 1933 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage (date of onset 4-14)  
SVA  
not known  
Other contributory causes of importance:  
Smoking

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) R. C. Schooley, M. D.  
(Address) Adessa, Mo.

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 22 1933

