

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

Do not use this space.

28532

1. PLACE OF DEATH

County Scott
Township Richland
City Likeston (No. _____)

Registration District No. 821
Primary Registration District No. 6070

File No. 86
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sallie May Stinnett
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Omar P. Stinnett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28, 1905</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>2</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1933
22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to August 15, 1933
I last saw her alive on August 14, 1933. Death is said to have occurred on the date stated above, at 12:05 P.M.
The principal cause of death and related causes of importance were as follows:

catarrh, acute
12013 12014

Other contributory causes of importance: _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Likeston, Missouri</u>
13. NAME <u>John Litchford</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
15. MAIDEN NAME <u>Matilda Shadoin</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
17. INFORMANT (ADDRESS) <u>Omar P. Stinnett, Likeston, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park, Likeston, Mo.</u> DATE <u>8/16, 1933</u>
19. UNDERTAKER (ADDRESS) <u>H. J. D. Glah, Likeston, Mo.</u>
20. FILED <u>9/18/33</u> <u>Walter E. Dine</u> Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Walter E. Dine, M. D.
(Address) Likeston, Mo.

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.

SFP 26 1933

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