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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

38339

1934

PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 3

City St Louis (No. 4402 McPherson St. ..... Ward)

File No. .....

Registered No. 9986

2. FULL NAME Sallie a. Hume

(a) Residence, No. 4402 McPherson St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 74 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)

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF William T. Hume

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-15-1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	10	4	

OCCUPATION

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

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 COUNTY) Callaway County Missouri

FATHER

13. NAME Robert Patton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Margaret McClanahan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Daughter Margaret Wetherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellon Mo DATE Nov 21 1933

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar

20. FILED NOV 20 1933 19 J. Frederick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1910, to Nov. 19 1933

I last saw her alive on Nov. 18 1933 Death is said to have occurred on the date stated above, at 6:30 p. m.

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

	Date of onset
Arteriosclerosis	1910
Coronary Angina Pectoris	Nov 15 1933
1310	
9HB	

Other contributory causes of importance: Chronic Nephritis

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) Amand Ravold, M. D.

(Address) 70 Vandeventer Place