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.

File No. 39734

Registered No. 867

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: — Primary Registration District No. 2001

City: Springfield (No. Springfield Baptist Hospital Ward)

2. FULL NAME: Sallie Middlebrook

(a) Residence, No. (Usual place of abode): Branson Mo St., Ward. (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: F

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: Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: YEARS 55 MONTHS DAYS If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tele Opr

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): Springfield Ark

FATHER

13. NAME: Nancy Hauckabee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): LeRoy Middlebrook Branson Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Branson DATE: 12-8-1933

19. UNDERTAKER (ADDRESS): R. O. Wheelchel Branson Mo

20. FILED: 12-8-1933 Ralph Watson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933, to Dec 7, 1933

I last saw him alive on Dec 6, 1933. Death is said to have occurred on the date stated above, at 12:15 a.m.

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

| | Date of onset |
|---|---|
| Carcinoma of stomach | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypostatic bronchopneumonia | 12/4/33 |

Name of operation: None 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? No

If so, specify

(Signed) Robert Glenn, M. D.

(Address) Springfield Mo