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.

JUN 20 1934

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 90 — File No. 15919
Township Ash hill — Primary Registration District No. 5-134 A — Registered No. 15 —
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Sallie Faster

(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 (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Horace Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dant Knox

7. AGE About — YEARS 85 — 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.
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) Ky.

FATHER
13. NAME Dant Knox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dant Knox

MOTHER
15. MAIDEN NAME Dant Knox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dant Knox

17. INFORMANT (ADDRESS) Mitchel Faster, Broadley Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Male Hill DATE 5-21 1934

19. UNDERTAKER (ADDRESS) Green Undertaking Co. 440 Vine St. Poplar Bluff

20. FILED 5-21 1934 Nora J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1934, to 5-20, 1934
I last saw her alive on 5-20 4:30, 1934 Death is said to have occurred on the date stated above, at 8:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age.	
162	

Other contributory causes of importance: 162

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) A. Crump, M. D.
(Address) Broadley Mo.