

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

Do not use this space.

24616

1. PLACE OF DEATH

County Jackson Registration District No. 1002
 Township Jackson Primary Registration District No. 2
 City Keokuk (No. Gen. Hosp # 2) St. Keokuk Ward 2

File No. 24616
 Registered No. 3486
 St. Keokuk Ward 2

2. FULL NAME Buelah Lane Sallier

(a) Residence, No. 1714 Virginia St. Keokuk Ward. 2
 (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 Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Sallier
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 10 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
 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) mo

FATHER 13. NAME Jack Lane

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Andrew Sallier (ADDRESS) 1714 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Bridge DATE 7-20 1934

19. UNDERTAKER H.B. Moore (ADDRESS) 1870 E. 18th

20. FILED 7-19 34 Registrar M.M. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1934

22. I HEREBY CERTIFY that the deceased died from ruptured aneurysm 19... to 19...
 I last saw him alive on 4/3/34 19... Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
Ruptured aneurysm Date of onset 9/6/34
hypertension
 Other contributory causes of importance: low

Name of operation Pulmonary Date 9/17/34
 What test confirmed diagnosis? autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 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 no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) [Signature], M. D.
 (Address) [Signature]

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.

AUG 21 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

