

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

Do not use this space.

31071

1. PLACE OF DEATH SEP 13 1934
 City City of St. Louis Registration District No. 791
 Township X Primary Registration District No. 1003
 City St. Louis (No. City of St. Louis) St. _____ Ward _____

File No. _____
 Registered No. 8339 St. _____ Ward _____

2. FULL NAME Sallie Cot
 (a) Residence, No. 4001 Aldine St. 11 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. 7 - ds. 5 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Women 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andy Cot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 1869
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. abt 65 409

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 210M
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 731
 10. Date deceased last worked at this occupation (month and year) 1933 Oct 15 11. Total time (years) spent in this occupation 55 93C

12. BIRTHPLACE (CITY OR TOWN) Abyden, Miss (STATE OR COUNTRY) Mississippi

MOTHER 13. NAME Jim Hill

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

MOTHER 15. MAIDEN NAME unknown

FATHER 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Clifton Ghoston (ADDRESS) 4001 Aldine

18. BURIAL, CREMATION, OR REMOVAL Okolona Miss PLACE Monroe County DATE Aug 17 - 1934

19. UNDERTAKER Adams Funeral Home (ADDRESS) 2839 Windsor Place

20. FILED 16 15 1934 J. P. Boredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:15 P. The principal cause of death and related causes of importance were as follows:

fracture of Right Pelvis, Contr
Chronic Interstitial Nephritis,
Chronic Myocarditis, received when a
Studebaker Sedan in which she was a
passenger, driven by her son, 217
Clifton Ghoston, overturned on Highway
61, about 1 mile west of Blytheville,
Ark, about 9:20 P. M., Aug. 5, 1934.
 Other contributory causes of importance:

ACCIDENT.

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

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.

Accident.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. P. Boredeck
 (Address) _____

8/15/34

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.

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