

1 OCT 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St Joseph (No. 2901 Lafayette St.) St. _____ Ward _____

File No. 31991
Registered No. 1036

2. FULL NAME

Sallie Woellner

(a) Residence, No. 2901 Lafayette St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Woellner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10th, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 1 27

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

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) Aug. 1934 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri

13. NAME James Highsmith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown North Carolina

15. MAIDEN NAME Mary Alderman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri

17. INFORMANT Louis Woellner
(ADDRESS) 2901 Lafayette - St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Register Home DATE Sept 10 1934

19. UNDERTAKER Heaton Be Golt + Bowman
(ADDRESS) St Joseph, Mo.

20. FILED John C. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-15- 1934 to Sept 7 - 1934

I last saw her alive on Sept 7 - 1934. Death is said to have occurred on the date stated above, at 8:00 p.m.

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

Cancer of right breast about 2 yrs Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis clinical Was there an autopsy? no

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) J. C. Hauman M. D.
John C. Hauman Registrar

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.

