

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.

JAN 1. 8 1935.

42950

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Jackson Primary Registration District No. 1002  
City K.C. Mo., (No. 2819 Terrace)

File No. \_\_\_\_\_  
Registered No. 5222 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 2819 Terrace 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 <u>Female</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26-1869</u>		
7. AGE	YEARS	MONTHS
	<u>65</u>	<u>6</u>
		DAYS
		<u>13</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unemployed</u>	
	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) <u>Liberty, Mo.</u>		
FATHER	13. NAME <u>Nathaniel Sallie</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Missouri Ann Harris</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty, Mo.</u>	
17. INFORMANT <u>Agnes Johnson</u> (ADDRESS) <u>2302 Tracy ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Highland Cemetery</u> PLACE DATE <u>K.C. Mo., 12-12-34</u>		
19. UNDERTAKER <u>Phynn + Greenstreet</u> (ADDRESS) <u>200 East City Mo.</u>		
20. FILED <u>12/11</u> 19 <u>34</u> <u>M. M. Crover</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Sept 17 34 to Dec 9 1934

I last saw him alive on Dec 6 1934 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Mitral Regurgitation Date of onset \_\_\_\_\_  
92 lb  
130 92 a

Other contributory causes of importance:  
acute bronchopneumonia, nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None 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?  
If so, specify \_\_\_\_\_  
(Signed) M. M. Crover M. D.  
(Address) 1705 E 12 St

M. M. Crover

