Crabtree

SEP 18 1935

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

Do not use this space.

25537

1. PLACE OF DEATH
County Bates
Township Mo Bluff
City Butler (No. ..... St. ..... Ward)

Registration District No. 50
Primary Registration District No. 3004

File No. .....
Registered No. 54

2. FULL NAME Sallie Ann Mallett

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Mallett.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know 1887

7. AGE YEARS 48 MONTHS Don't DAYS Know If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lansing
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) Butler Mo

FATHER
13. NAME J R Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co Mo.

MOTHER
15. MAIDEN NAME Elizabeth Snellgrove
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Walter Mallett Butler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Aug 23 1935

19. UNDERTAKER (ADDRESS) Culver's Butler Mo.

20. FILED Aug 23, 1935 Nina L Culver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1935, to Aug 21, 1935
I last saw her alive on Aug 21, 1935. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Don't Know	
Cancer, Uterine	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) R E Crabtree, M. D.
(Address) Butler Mo

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.