

SEP 24 1935

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

Do not use this space.

27131

9

1. PLACE OF DEATH

County Morgan Registration District No. 971
Township Tracy Creek Primary Registration District No. 5797C
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Sallie E Dgo

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 14 1861</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>9</u>	DAYS <u>2</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>at Home</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) <u>Morgan County</u> (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Lewis Dgo</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY) _____			
MOTHER	15. MAIDEN NAME <u>Amanda Tibits</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY) _____			
17. INFORMANT <u>W. H. Smith</u> (ADDRESS) <u>Syracuse Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Syracuse Mo.</u> DATE <u>8/17 1935</u>				
19. UNDERTAKER <u>Jewell E. Richards</u> (ADDRESS) <u>Wilton Mo.</u>				
20. FILED <u>9/19 1935</u> <u>Amie E. Gordon</u> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 193522. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1935, to Aug 16, 1935

I last saw her alive on Aug 16, 1935. Death is said to have occurred on the date stated above, at 1:45 p.m.

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

Infirmitude of Old age

Date of onset

Other contributory causes of importance: 16

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. Dick, M. D.(Address) Syracuse Mo.

Every year or informant 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.

