

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

JUL 22 1936

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21947

1. PLACE OF DEATH

County Bates
Township High Hill
City High Hill (No. _____)

Registration District No. 53
Primary Registration District No. 3005

File No. _____
Registered No. 72 St. _____ Ward _____

2. FULL NAME Sury Anna Sattereily

(a) Residence, No. High Hill Missouri 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 Wm. Sattereily

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 17 1878

7. AGE YEARS 57 MONTHS 5 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME George Bean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAMEBennett Missouri

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT W. L. Sattereily (ADDRESS) High Hill Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlaw Cem. DATE June 17th/36

19. UNDERTAKER Booth Service (ADDRESS) High Hill Missouri

20. FILED June 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15th/36 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 1936, to June 15, 1936. I last saw h. OF alive on June 18, 1936. Death is said to have occurred on the date stated above, at 9:30 PM. The principal cause of death and related causes of importance were as follows:

Hypertensive Hemorrhage
Ascending Paratyphoid
Septicemia
Septic
Septic

Other contributory causes of importance _____

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) James H. Allen, M. D.
(Address) High Hill Missouri

11/11/54

Walter J. ...
...

admission

helped ...

...

...

...

...

...

...

...

...

...