

SEP 21 1936

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

Do not use this space.

30539

## 1. PLACE OF DEATH

County DeWittRegistration District No. 311Township BoylePrimary Registration District No. 5430

City (No. )

St. Ward

2. FULL NAME Ada May Sale

(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

2. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Phillip Sale</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3-1868</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>3</u>
	DAYS <u>21</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) (STATE OR COUNTRY) <u>DeWitt Co Mo</u>		
MOTHER	13. NAME <u>Newton Lawrence</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown unknown</u>	
	15. MAIDEN NAME <u>Malissa Jane Cannon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown unknown</u>	
17. INFORMANT <u>Phillip Sale DeWitt Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>no</u> <u>Aug 25</u> 19 <u>36</u>		
19. UNDERTAKER <u>Clifford Brooks</u> <u>Albany Mo</u>		
20. FILED <u>Sept 10</u> 19 <u>36</u> <u>Ch Williamson</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 193622. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1936, to Aug 24, 1936I last saw her alive on Aug 24, 1936. Death is saidto have occurred on the date stated above, at 3:30 A.M.

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

Ulcer of Stomach End of Duodenumwith rupture

Date of onset

unknownOther contributory causes of importance: 11/7 01

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) Charles N. Williamson M.D.(Address) DeWitt 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.

