

FEB 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ralls
Township Saverton
City Saverton (No. 1)

Registration District No. 726
Primary Registration District No. 6968

File No. 2679
Registered No. 2679
St. 1 Ward 1

2. FULL NAME

Hattie M Sallee
(a) Residence, No Saverton Township Ralls Co Ward. 1
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-22/1864

7. AGE YEARS 72 MONTHS 4 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262
10. Date deceased last worked at this occupation (month and year) 262 11. Total time (years) spent in this occupation 262

12. BIRTHPLACE (CITY OR TOWN) McLean Co. (STATE OR COUNTRY) Illinois

13. NAME Robert C. Sallee

14. BIRTHPLACE (CITY OR TOWN) Brown Co. (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Weltha Payne

16. BIRTHPLACE (CITY OR TOWN) Union Mills Co. (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs R S Brown (Sister) (ADDRESS) Saverton Township Ralls Co

18. BURIAL, CREMATION, OR REMOVAL
PLACE Int Olivet DATE Jan 17, 1937

19. UNDERTAKER Wm M Smith (ADDRESS) 902 Bduy Hamibal mo

20. FILED Jan 18, 1937 H MUGGER Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1936, to Jan. 14 1937
I last saw her alive on Jan 14 1937 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary embolism Date of onset April 1936

from history began
spontaneous negative
Other contributory causes of importance:

Name of operation X-ray Date of 1937
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 19 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 1
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify 18. L Banks M. D.
(Signed) Hamilal mo
(Address)

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