MAR 18 1937

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

Do not use this space.

File No. 5672

Registered No.

1. PLACE OF DEATH

County: Daviess — Registration District No. 248

Township: Sheridan — Primary Registration District No. 5245

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mary Ellen Sailor

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. S. Sailor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 24, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	11	26	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Illinois

FATHER

13. NAME Andrew J. Haggerty

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Mary E. Christman

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

17. INFORMANT W. S. Sailor (ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Creekmore, Cem. DATE Feby. 23, 1937

19. UNDERTAKER Hope Furn. & Undt. Co., (ADDRESS) Gallatin, Mo.

20. FILED 2-22, 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 9th, 1937, to Feb 20th, 1937

I last saw her alive on Feb 18th, 1937. Death is said to have occurred on the date stated above, at 11 P.m.

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

	Date of onset
Senility	
Chronic Myocarditis.	

Other contributory causes of importance:

Chronic Bronchitis	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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) Fred H. Wilson, M. D.

(Address) Winston, 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.