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JUL 3 0 1937

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

Do not use this space.

24276

1. PLACE OF DEATH

County Marion
Township Liberty
City Palmyra (No. 2)

Registration District No. 548
Primary Registration District No. 4323

File No.
Registered No. 27 St. Ward)

2. FULL NAME

Sallie South
(a) Residence, No. Palmyra, Mo. St., Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 65 yrs. 1 mos. 1 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flem South

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>65</u>	<u>65</u>	<u>3</u>	<u>1</u>	

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.

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) Marion County, Mo.

MOTHER FATHER 13. NAME Pickett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

15. MAIDEN NAME Maria Gentry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

17. INFORMANT (ADDRESS) Flem South Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Greenwood Cemetery 6/8/37

19. UNDERTAKER (ADDRESS) Lewis Bros Palmyra, Mo.

20. FILED June 8-37 Verhudelee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1937

I HEREBY CERTIFY, That I attended deceased from June 30 1935 to June 8 1937
I last saw h. alive on June 5 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset

Other contributory causes of importance: Cholera

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? No
If so, specify..... M. D.
(Signature) Dr. T. Rose
(Address) Palmyra 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.

