

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

Do not use this space.

NOV 23 1937

1. PLACE OF DEATH

County Randolph

Registration District No. 135

File No. 38574

Township Proberly

Primary Registration District No. 3034

Registered No. 224

City Proberly

(No. Woodland Hospital)

St. _____ Ward _____

2. FULL NAME

Thomas Lee 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 _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7th 1937

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7th 1937

7. AGE YEARS _____ MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

22. I HEREBY CERTIFY That I attended deceased from Oct 7th 1937, 19____, to Oct 7th 1937, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Still birth

Date of onset _____

OCCUPATION

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 _____

Other contributory causes of importance:

Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Joseph Sailor

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

15. MAIDEN NAME Teresa Cunningham

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

17. INFORMANT (ADDRESS) Joseph Sailor Proberly Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Proberly DATE Oct 7th 1937

19. UNDERTAKER (ADDRESS) Mattew and Son Proberly Mo

20. FILED Oct 7 1937 Ethel Roberts Registrar

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? No If so, specify _____

(Signed) [Signature], M. D.

(Address) Proberly, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

