

N.B.—Every item of information should be carefully supplied. A fee should be stated. EXACTLY. FILL IN ALL SPACES. OCCUPATION IS VERY IMPORTANT. CAUSE OF DEATH IN plain terms, so that it may be properly classified.

NOV 24 1937

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

Do not use this space.

38886

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1. PLACE OF DEATH
 County Saline Registration District No. 77-1
 Township Malta Bend Primary Registration District No. 4476
 City Malta Bend (No. _____) St. _____ Ward _____

2. FULL NAME MARY JANE 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>35</u>	<u>81</u>	<u>9</u>	<u>26</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) Pike Co Ohio

13. NAME Marion Sailor

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

15. MAIDEN NAME Betsy A. Blosser

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

17. INFORMANT Mrs Cynthia A. Auer
(ADDRESS) Malta Bend Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Union Cem DATE Nov 5 1937

19. UNDERTAKER Shaw & M. Gray
(ADDRESS) Malta Bend Mo

20. FILED 11 5 1937 Raymond Spuman
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-9, 1936, to 11-3, 1937
 I last saw her alive on Nov. 3, 1937 Death is said to have occurred on the date stated above, at 12 am.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Date of onset 10-25-37

Other contributory causes of importance:
Arteriosclerosis

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 _____
 (Signed) Leburne Ellis M. D.
 (Address) Malta Bend, Mo.

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