

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.

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

Do not use this space.

REC'D MAR 15 1938

6728

1. PLACE OF DEATH

County Gentry
Township Cross
City Carlington (No. 1)

Registration District No. 310
Primary Registration District No. 5429a

File No. 138
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sallie Ann Christian 623

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19-1857

7. AGE YEARS 79 MONTHS 7 Days 4 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. House wife
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) Carlington Mo

13. NAME John Sloan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waith Co Va

15. MAIDEN NAME Elizabeth Pooling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Ky

17. INFORMANT A. L. Christian (ADDRESS) Carlington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Long Branch DATE Feb. 25 1938

19. UNDERTAKER Burke Funeral Home (ADDRESS) Albany Mo

20. FILED Feb 25 1938 Walter Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1938, to 2-22, 1938
I last saw her alive on 2-22, 1938. Death is said to have occurred on the date stated above, at 4:15 A.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
Date of onset 2-20-38
Other contributory causes of importance: Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? 3
If so, specify Charles N. Williamson M. D.
(Signed) Charles N. Williamson M. D. (Address) Gentry Mo

