REC'D JUN 20 1938

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

Do not use this space.

File No. 15181
Registered No. 8

1. PLACE OF DEATH
County: Dunklin
Township: Clay
City: ..... (No. ..... St. ..... Ward)
Registration District No. 287
Primary Registration District No. 5405

2. FULL NAME Sallie E. Highfill

(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1889

7. AGE: YEARS ~~49~~ 48 MONTHS ~~11~~ 4 DAYS ~~5~~ 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~housw~~ 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) June 1907
11. Total time (years) spent in this occupation .....

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

FATHER
13. NAME William Nelson
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Manervia Highfill
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Tenn.

17. INFORMANT Lorenzo Highfill (ADDRESS) Hornersville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cascade DATE March 22 1938

19. UNDERTAKER Emerson Burns (ADDRESS) Hornersville Mo.

20. FILED 6/10 1938 E. G. Cope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1937 to March 21 1938
I last saw her alive on March 19 1938 Death is said to have occurred on the date stated above, at 3:0 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of brain	

Other contributory causes of importance:

An attempted removal

Name of operation behind left ear Date of 1937
What test confirmed diagnosis? Clinically 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) Van H. Bond M. D.
(Address) Hornersville Mo.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

18181
Do not use this space.

1. PLACE OF DEATH
(a) County: Dunklin — Registration District No.: 287
(b) Township: Clay — Primary Registration District No.: 5408 — Registered No.:
(c) City: — (d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Sallie E. Highfill
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 5 - 1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	4	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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): Tenn

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE ,19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 6/10, 1938 — E. G. Cox, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3 - 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) Van H. Bond, M. D.
(Address) Hornersville, Mo.

SUPPLEMENTARY

5-18181

1938