REC'D JUN 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Marion
Township: Mason
City: Hannibal
Registration District No.: 547
Primary Registration District No.: 3079
(No. Levering Hospital St. Ward)
File No.: 18838
Registered No.: 154

2. FULL NAME: Miss Hallie Sosey 900
(a) Residence, No. Palmyra, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 77 yrs. 5 mos. 2 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 15 - 1860
7. AGE: Years 77, Months 5, Days 2, If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Associated Editor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Paper, News
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): Palmyra, Mo. 0

FATHER
13. NAME: Jacob Sosey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland 1

MOTHER
15. MAIDEN NAME: Annie Hanley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): D.H. Sosey Palmyra, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Palmyra, Mo.
PLACE: Greenwood Cem. DATE: 5/20/38, 19
19. UNDERTAKER (ADDRESS): Lewis Bros Palmyra, Mo.
20. FILED: May 19 1938 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to May 17, 1938
I last saw her alive on May 17, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Concussion of Brain — Date of onset May 16
Other contributory causes of importance: 210 m 22
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? Accident Date of injury 5/16, 1938
Where did injury occur? Near Taylor Mo Collision (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway #61 - Marion Co.
Manner of injury: Automobile Accident
Nature of injury: Brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Palmyra Mo
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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.