

Do not use this space.

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

21249

REC'D JUL 17 1938

1. PLACE OF DEATH

County Barry Registration District No. 29  
Township Flatland Primary Registration District No. 4021  
City Cassville (No. 10) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 17

2. FULL NAME

Mary Francis Sallee 1400  
(a) Residence, No. Cassville, Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (If nonresident, give city or town and State)

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 Walter T. Sallee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1874

7. AGE YEARS 63 MONTHS 4 DAYS 11 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

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 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County, Arkansas

13. NAME James C. Hollabaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee

15. MAIDEN NAME Adaline Kilpatrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee

17. INFORMANT (ADDRESS) Mrs. Susie Sandusky, Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord DATE 10-3 1938

19. UNDERTAKER (ADDRESS) Keon General Home, Cassville, Mo.

20. FILED 7-10 1938 Geo. Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1935 to Oct 1, 1937

I last saw her alive on Sept 30, 1937 Death is said to have occurred on the date stated above, at 11 P.M.

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

Diagnosis never established but some disease of central nervous system

Date of onset 1934

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? No

If so, specify \_\_\_\_\_ (Signed) Geo. Newman, M. D.

30 (Address) Cassville, Mo.

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.

