

REC'D AUG 25 1938

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

25863  
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 528  
(b) Township Callas Primary Registration District No. 4314 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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 Mary Lee Salyer H60

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1860  
7. AGE YEARS 77 MONTHS 8 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. housekeeper  
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) Macon Mo  
(STATE OR COUNTRY)

13. NAME John C Fletcher  
FATHER

14. BIRTHPLACE (CITY OR TOWN) Macon Mo  
(STATE OR COUNTRY)

15. MAIDEN NAME Susan Niatt  
MOTHER

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

17. INFORMANT Mr Chas Salyer  
(ADDRESS) Callas Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Callas Mo DATE Jun 25 38

19. FUNERAL DIRECTOR Delbert S Krumm  
(ADDRESS) Macon Mo

20. FILED 6/24 1938 H. D. Bacon  
Lochl Registrar.

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from March 12 1938, to June 23 1938.  
I last saw h.E.R. alive on June 23 1938. Death is said to have occurred on the date stated above, at 1:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Coronary Heart Disease Hypertensive Cardiovascular Disease  
Date of onset April 20 1938

Other contributory causes of importance: 95 B<sup>2</sup>

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Chinical 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) A. E. Duerden M. D.  
(Address) Callas 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.

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STATEMENT BY LICENSED EMBALMER

I, Albert Skinner, Licensed Embalmer No. 751

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Albert Skinner

Licensed Embalmer No. 751

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**