NOV 2 1 1938

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

35674
Do not use this space.

1. PLACE OF DEATH
(a) County Greene Registration District No. 317
(b) Township Republic Primary Registration District No. 4192 Registered No.
(c) City Republic (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 Levi E. Sallee
(a) Residence, No. Republic, Mo. 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: Male
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 America McClenden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1854

7. AGE: Years 83 | Months 6 | Days 17 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Arkansas

FATHER
13. NAME John K. Sallee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

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

17. INFORMANT Mrs. Clarence O'Neal
(ADDRESS) Battlefield, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Grade Chapel DATE July 4 1938

19. FUNERAL DIRECTOR R. E. Thurman & Co.
(ADDRESS) Republic, Mo.

20. FILED Oct. 16 1938 Bertha Nance
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1934, to July 2, 1938
I last saw h. alive on June 27, 1938. Death is said to have occurred on the date stated above, at noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Followed by Hemiplegia	
Hypertension gradually increasing till his death	

Other contributory causes of importance: Senility

Name of operation none 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? no 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) E. L. Beal, M. D.
(Address) Republic Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, Ellis M. Thurman, Licensed Embalmer No. 3687

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

L. E. Ellis M. Thurman and R. E. Thurman

No. 3687 and 5015 or by, Registered Apprentice No.

working under my personal supervision.

Signed Ellis M. Thurman

Licensed Embalmer No. 3687

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.)