DEC 13 1938

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

39701
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston 2 Registration District No. 5-08
(b) Township Primary Registration District No. 3026 Registered No.
(c) City Chillicothe (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 Caroline A. Saale
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph E Saale
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1870
7. AGE YEARS 68 MONTHS 6 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Brunswick Mo

FATHER
13. NAME John Strub
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

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

17. INFORMANT (ADDRESS) Geo Saale Chillicothe Mo
18. BURIAL, CREMATION, OR REMOVAL Cem
PLACE Catholic DATE Nov 29 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jas D Gordon Chillicothe Mo
20. FILED 11/29/38 Donald M. Dowell, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-27-1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938 to Nov 27, 1938
I last saw her alive on Nov 27, 1938. Death is said to have occurred on the date stated above, at 2-P m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:
Hypertension & Arteriosclerosis

Name of operation no Date of
What test confirmed diagnosis? Clinical 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) R. D. Brennan, M. D.
(Address) Chillicothe, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, James D Gordon, or by —

Registered Apprentice No. —, working under my personal supervision.

Signed James D Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe Mo

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

If this body is not embalmed, above space should be left blank.