

RECD APR 24 1939

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

9921
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain. ² Registration District No. 26
(b) Township Saltriver ¹ Primary Registration District No. 5084
(c) City Mexico Mo. (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

Sallie Elizabeth Pease.
(a) Residence, No. RFD-1-Mexico Mo. 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles W Pease.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 10 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife

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) Farber. Mo. 0

13. NAME John C Parker ¹

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

15. MAIDEN NAME Julieta Barney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) C. W. Pease

18. BURIAL, CREMATION, OR REMOVAL Mexico Elmwood Cemetery DATE 3-19-1939
PLACE _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H A Precht & Son. Mexico Mo.

20. FILED Mar 18 1939 Blanche Reedy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16 1939

I HEREBY CERTIFY, That I attended deceased from Jan 20 1939, to 3-16 1939

I last saw her alive on 3-15 1939. Death is said to have occurred on the date stated above, at 11:45 AM

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

Aortic stenosis
131
Atherosclerosis
Chronic Nephritis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Exam 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. Alan Thompson
23 (Address) Mexico 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.

X 1-16023

RECEIVED

District Health Officer No. 10

District File Number 10-39-535

Date Filed APR 20 1939

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,

Earl T. Priddy

or by

Registered Apprentice No., working under my personal supervision.

Signed

Earl T. Priddy

Licensed Embalmer No. 3189

P.O. Address Mexico, Mo.

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.)

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