

MAY 22 1939

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

15419  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Linnigston Registration District No. 508  
(b) Township Chillicothe Primary Registration District No. 3026  
(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.

Registered No. 67

## 2. PRINT FULL NAME

Ella R. Sailor  
(a) Residence, No. 453 Cherry 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

## 6. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF John P. Sailor  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-17-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 11 6

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) Phil City  
(STATE OR COUNTRY) Penn.

FATHER 13. NAME Washington W. Randolph

14. BIRTHPLACE (CITY OR TOWN) Penn.  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary J. Miller

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

17. INFORMANT Miss Dora Sailor  
(ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood cem. DATE 4-24-1939

19. FUNERAL DIRECTOR (NAME) James D. Gordon  
(ADDRESS) Chillicothe, Mo.

20. FILED 4-26-1939 Donald M. Howell, M.D.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 23-1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Apr 22, 1939

I last saw her alive on Apr 23, 1939. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Broncho Pneumonia Apr 20

Date of onset

Other contributor causes of importance:

Ch. Interstitial nephritis  
Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Examined Are 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 Emmery, M. D.  
Chillicothe Mo  
(Address)

RECEIVED

District Health Officer No. 111

District File Number

Date Filed

39-503

MAY 11 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, or by.....

*James D Gordon*

....., Registered Apprentice No.         

working under my personal supervision.

Signed *James D Gordon*

Licensed Embalmer No. 1870

P. O. Address Leuticott, Pa.

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.