

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

26373
 Do not use this space.

AUG 11 1939

1. PLACE OF DEATH
 (a) County Newton Registration District No. 612
 (b) Township Berwick Primary Registration District No. 6257
 (c) City _____ (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 Lee Raliff
 (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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of John Raliff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 - 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>55</u>	<u>5</u>	<u>27</u>	

OCCUPATION

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

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) Newton County
 (STATE OR COUNTRY) Missouri

FATHER

13. NAME Bogle Thompson

14. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Nancy Pulley

16. BIRTHPLACE (CITY OR TOWN) Paris County
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. L. C. Putman
Stark City Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bethel Cemetery DATE July 30 1939
Newton Co Mo

19. FUNERAL DIRECTOR (ADDRESS) Callaway
Monette Mo

20. FILED 7/29 1939 Grace Hudson
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1938, to July 28, 1939
 I last saw her alive on July 28, 1939 Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
 Date of onset July 21 1939

Other contributory causes of importance:
g. h.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) C. O. Chester M.D.
546 (Address) Granby, Mo

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.

RECEIVED

District Health Officer No. 6,

District File Number 839-1581

Date Filed AUG 9 1939

STATEMENT BY LICENSED EMBALMER

I, J. D. Buchanan, Licensed Embalmer No. 3179
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.
No.....or by..... Registered Apprentice No.....
working under my personal supervision.

Signed J. D. Buchanan
Licensed Embalmer No. 3179

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.)