

JAN 16 1940

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

44004
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 2747
(b) Township Jason Primary Registration District No. 3029
(c) City Hannibal (d) Street No. Levering Hospital Registered No. 345
(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

Wilthe Arminia Sallee
(a) Residence, No. 210 North Sixth 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*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Campbell Sallee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1844

7. AGE YEARS 95 MONTHS 8 DAYS 16 If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) Vermillion City Illinois

13. NAME Ervey Lee Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Charity Reynolds

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

17. INFORMANT (ADDRESS) Mrs. R.L. Brown
210 North Sixth

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE 12/19/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smiths Funeral Home
Hannibal Missouri

20. FILED Dec 19 1939 W.C. Fisher
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17/39 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1938 to Dec 17 1939

I last saw him alive on Dec. 17, 1939. Death is said to have occurred on the date stated above, at 7:15 p.m.

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

Arterial Sclerosis
Old age

Other contributory causes of importance:

Name of operation none 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) J. B. Chilton, M. D.

(Address) 500 Broadway

MARGIN RESERVED FOR BINDING

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

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.

Chilton

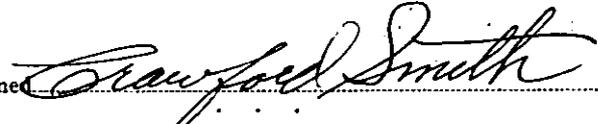
V. S. NO. 2
50M-9-19-38
I X16805

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.....

..... J.J. Marsh L.E. 3932, Registered Apprentice No.....
working under my personal supervision.

Signed



Licensed Embalmer No..... 3814

P. O. Address Hannibal, Missouri.....

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.