

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

Do not use this space.

40511

1. PLACE OF DEATH

County Jackson
Township Wagon
City And mo

Registration District No. 398

File No. _____
Registered No. 445

Primary Registration District No. 2019

(No. Independence Wentworth St. _____ Ward)

2. FULL NAME

Serena Salley
(a) Residence. No. 1527 Ashland Ave Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. _____ mos. _____ da. _____ How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Salley

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1929 to Dec 24, 1929 that I last saw hm alive on Dec 24, 1929 and that death occurred, on the date stated above, at 5:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 1895

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Left upper lobe
108 By history
(duration) yrs. _____ mos. 12 ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
34 0 19

CONTRIBUTORY (SECONDARY) 10/A
(duration) yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

10. NAME OF FATHER Wm F. Stearns

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's Mo - DATE OF BURIAL Dec 26 1929

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

20. UNDERTAKER Rose Henderson ADDRESS St. Louis Mo
WHAT TEST CONFIRMED DIAGNOSIS Clinical & X-ray
(Signed) George W. Rogers M. D.
Mo, 1929 (Address) Independence Mo

12. MAIDEN NAME OF MOTHER Bra Lena Stearns

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT James Salley
(Address) 1527 Ashland Ave

15. FILES 12-24-29 F L Cook REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Dr. Joan
Grayman
Grade 21