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

Do not use this space.

15428

File No. 201

Registered No.

1. PLACE OF DEATH
County: St. Francois
Township: " "
City: ~~Esther~~ Mo. (No. ..... St. ..... Ward)

Registration District No. 974
Primary Registration District No. 0018-03

2. FULL NAME: Donald Lee Sales

(a) Residence. No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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

MAY 27 1931

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF: X

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 27 1931

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 5 | |

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Esther, Mo.

PARENTS
10. NAME OF FATHER: Benj. L. Sales
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scott Co. Mo.
12. MAIDEN NAME OF MOTHER: Blanche J. Webb
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Elvins Mo.

14. INFORMANT: Benj. L. Sales
(Address): Esther, Mo.

15. Apr. 29, 1931 FILED: W. J. Bryan REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/2 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/27, 1931, to 4/2, 1931, that I last saw alive on 4/1/31, 1931, and that death occurred, on the date stated above, at 11:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Cerebral Hemorrhage
161B

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Jaundice
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? (1)
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam & History

(Signed) Paul L. Jones, M. D.
, 19 (Address) Elvins, Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Layne Cemetery
DATE OF BURIAL: 4-3 1931

20. UNDERTAKER: W. A. Caldwell
ADDRESS: Flat River, Mo