

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

Do not use this space.

36519

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3601)

Registration District No. 399
Primary Registration District No. 1002
Jefferson

File No. _____
Registered No. 4439
St. 4439 Ward)

2. FULL NAME Mrs Sallie D. Church

(a) Residence, No. 3601 Jefferson St., Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18th. 1848.</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>5</u>	DAYS <u>24</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	9. Industry or business in which work was done, as silk mill, 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) Jefferson City
(STATE OR COUNTRY) Mo.

MOTHER FATHER
13. NAME Wm. E. Duscomb

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

MOTHER
15. MAIDEN NAME Elizabeth Dorris

16. BIRTHPLACE (CITY OR TOWN) Jefferson City Mo.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Fred Crisshammer
(ADDRESS) 3601 Jefferson St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 11-14-33

19. UNDERTAKER The Freeman Mortuary
(ADDRESS) 42nd. Baltimore

20. FILED 11-13 1933 m. m. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1915, to Nov 12, 1933
I last saw h. er alive on Nov 12, 1933. Death is said to have occurred on the date stated above, at 11: P. M.
The principal cause of death and related causes of importance were as follows:

Myocarditis (Myocardosis) chronic 1915
(Auricular fibrillation at intervals during that time)
Other contributory causes of importance:
Asthma present in 1915
no record

Name of operation No Date of _____
What test confirmed diagnosis? Chemical Was there 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) G. H. Horne, M. D.
(Address) 1000 Rialto Bldg

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.

JAN 9 1934

Dr. Geo. H. Hoyle

12:00

Nov 2 to 4

Rialto