

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

Do not use this space.

25508

REC'D AUG 7 4 1938

1. PLACE OF DEATH

County Jackson
Township Greenwood
City Greenwood (No. Residence)

Registration District No. 279
Primary Registration District No. 4200

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sallie Taylor McPherson

(a) Residence, No. Greenwood St. MO Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.H. McPherson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>72</u>	<u>8</u>	<u>16</u>		

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

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) (STATE OR COUNTRY) Falmouth Ky

13. NAME A. P. Colvins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Falmouth Ky

15. MAIDEN NAME Sidnie Hudnall

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

17. INFORMANT (ADDRESS) W.H. McPherson Greenwood MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 7-16-1938

19. UNDERTAKER (ADDRESS) Fields James L. Greenwood MO

20. FILED July 17, 1938 Ms. Sallie Taylor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1937 to July 15, 1938

I last saw her alive on July 15, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Heart disease (Mitral insufficiency) Date of onset 1930

Other contributory causes of importance: 920

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Cliff L. Miller, M. D.
(Address) Lees Summit MO

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.

