

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

Do not use this space.

REC'D AUG 25 1938

1. PLACE OF DEATH

County Scott Registration District No. 818
Township Gwynnappity Primary Registration District No. 0762
City Sally (No. 6667) St. Mo. Ward 400

File No. 26633
Registered No. 89

2. FULL NAME

(a) Residence, No. Sally Winters Riley St. Mo. Ward 400
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/29/1917
7. AGE YEARS 40 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. or min.

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. wife
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) Union Miss. 9

13. NAME Dave Neal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 9

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Joe Riley

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 7-22-38

19. UNDERTAKER (ADDRESS) John D. Jumble
Charleston, Mo.

20. FILED 7-22-1938 Registrar J. D. Jumble

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/21, 1938

I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to July 11, 1938

I last saw her alive on July 11, 1938 Death is said to have occurred on the date stated above, at 5:30am.

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

Cancer of uterus
Carcinoma
Other contributory causes of importance: none

Date of onset Dont know

Name of operation..... 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) E. C. Presnell, M. D.

(Address) Charleston, Mo.

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

