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.

REC'D SEP 16 1938

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township Hayti
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 653
Primary Registration District No. 5864
File No. 29661
Registered No. 89

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2. FULL NAME Mrs. Sallie White 3 ...
(a) Residence, No. Hornbeak, Tenn. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of John Kirk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D.K.
7. AGE about YEARS 78 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housecuffl
10. Date deceased last worked at this occupation (month and year) 8-1-38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER
13. NAME Do Not Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

MOTHER
15. MAIDEN NAME Do Not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

17. INFORMANT (ADDRESS) W. G. Kirk Hornbeak, Tenn.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hornbeak Tenn. DATE Aug 24, 1938
19. UNDERTAKER (ADDRESS) Martin Undertaker Martin Tenn.
20. FILED 8-23, 1938 J W Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1938, to Aug 23, 1938
I last saw her alive on Aug. 21, 1938. Death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchitis acute
106 P
Date of onset
Other contributory causes of importance: Generalized arteriosclerosis myocardial insufficiency senility
Name of operation ..... Date of .....
What test confirmed diagnosis? S+S 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? .....
If so, specify .....
(Signed) A. S. Shire, M. D.
(Address) Hayti, Mo.