

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

1655  
Do not use this space.

1. PLACE OF DEATH **25 1940**  
 (a) County Boone Registration District No. 75  
 (b) Township Boone Primary Registration District No. 4096  
 (c) City Boone (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
**452**  
 2. PRINT FULL NAME SALLIE WILLIAMS  
 (a) Residence, No. Rockport, Boone Co., Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Williams  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 1862  
 7. AGE YEARS 77 MONTHS 4 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. House keeper  
 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) Rockport Missouri  
 FATHER  
 13. NAME Thos. Chatman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England  
 MOTHER  
 15. MAIDEN NAME Mrs. Bulett  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri  
 17. INFORMANT (ADDRESS) Jesse DePue Rockport, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rockport DATE Jan 27, 1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Lukes Columbia, Mo.  
 20. FILED 1-28 1940 May 20 1940 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25 1940  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1939 to Jan 25 1940  
 I last saw her alive on Jan 23 1940 Death is said to have occurred on the date stated above, at 4:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Breast  
 Date of onset Not known  
 50  
 Other contributory causes of importance:  
Diabetes Mellitus  
 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? \_\_\_\_\_  
 If so, specify (Signed) J. E. Russell M. D.  
 (Address) Rockport Mo

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**