

DEC 26 1928

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

Do not use this space.

35977

1. PLACE OF DEATH

County Barry  
Township Exeter  
City Exeter (No. ....) St. .... Ward)

Registration District No. 34  
Primary Registration District No. 6239

File No. ....  
Registered No. 11

2. FULL NAME

Myrtle Sallee

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Ernest Sallee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15<sup>th</sup> 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
48 3 249

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Barry Co Mo

PARENTS

10. NAME OF FATHER Geo Hall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ark.

12. MAIDEN NAME OF MOTHER Ellen Sparkman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Barry Co Mo.

14. INFORMANT Ernest Sallee  
(Address) Exeter Mo

15. FILED Nov. 14 1928 Mrs. W. P. Seary  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-13 19 28

17. I HEREBY CERTIFY, That I attended deceased from July 3<sup>rd</sup> 1928, to Nov. 13 1928 that I last saw h. alive on Nov. 13<sup>th</sup> 1928, and that death occurred, on the date stated above, at 10:45 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral hemorrhage  
131  
82A / 129 A  
(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) interstitial nephritis  
(duration) 2 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF 11-13-28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) A. K. Korman, M. D.  
, 19 (Address) Cassville, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Exeter DATE OF BURIAL 10-14-1928

20. UNDERTAKER Home Funeral Service ADDRESS Cassville 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.

