

MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH

6 County MonticauRegistration District No. 5761 Township WaglerPrimary Registration District No. 43352 City California (No.)File No. 17004Registered No. 172. FULL NAME Sallie Auton(s) 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ira Auton6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-18737. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postmistress

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) Monticau Co13. NAME Jobe Murrell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co15. MAIDEN NAME Martha Hurry16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill17. INFORMANT Ira Auton
(ADDRESS) Monticau Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Cemeterium DATE 4/8 193719. UNDERTAKER Thompson & Frymeyer
(ADDRESS) California Mo20. FILED 4-7-1937 H. R. Poppey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6, 193722. I HEREBY CERTIFY, That I attended deceased from Dec 20, 36 to Apr 6, 1937I last saw h. alive on Apr 6, 1937 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Diabetic Date of onsetOther contributory causes of importance: 59HypertensionName of operation none 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? noIf so, specify C. L. Ratham, M. D.
(Signed) California Mo
(Address)

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.

