

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.

REC'D MAR 23 1938

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

*Cook*  
Do not use this space.

**1. PLACE OF DEATH**

County Ray

Registration District No. 744

File No. 7963

Township 1

Primary Registration District No. 2025

Registered No. 111

City Richmond

(No. 1)

St. 623

Ward

**2. FULL NAME**

(a) Residence, No. Mrs Sallie Proctor

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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 5, 1858

7. AGE

YEARS 79

MONTHS 10

DAYS 28

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

Dade County Missouri

13. NAME

Henry Faust

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Knoxville Tennessee

15. MAIDEN NAME

Caroline Campbell

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

Knoxville Tennessee

17. INFORMANT (ADDRESS)

Mrs Susie E. Luman

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph DATE March 5, 1938

19. UNDERTAKER (ADDRESS)

W. W. Mansur Richmond Missouri

20. FILED

2/10

1938

March McDonald

Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from

2-15, 1938 to 3-3, 1938

I last saw her alive on 3-2, 1938. Death is said

to have occurred on the date stated above, at 5:57 A.M.

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

Bronchial Pneumonia 2-28

131

Other contributory causes of importance:

Chronic Nephritis ?

Name of operation

What test confirmed diagnosis Phys Ex 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

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 No

(Signed) Ho. St. Louis, M. D.

(Address) Richmond Mo

