

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.

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

Do not use this space.

7380

1. PLACE OF DEATH
 County Saline Registration District No. 796
 Township Primary Registration District No. 3038
 City Marshall (No.) St. Ward
 Registered No. 30

2. FULL NAME Joe Solomon
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lela Solomon
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 14-1848
7. AGE YEARS 79 MONTHS 11 DAYS 8
 IF LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Labor
 (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) Ohio
10. NAME OF FATHER John Solomon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Barber Ryster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
14. INFORMANT Casper Solomon
 (Address) Marshall MO
15. FILED 9/24, 1928 D. Manning REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/22 1928
17. I HEREBY CERTIFY That I attended deceased from 2-10 1928, to 2/22 1928 and that I last saw him alive on 2/20 1928 and that death occurred, on the date stated above, at 9 A. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Urteral Regurgitation
9 1/2
 (duration) 6 yrs. 0 mos. 0 da.
CONTRIBUTORY (SECONDARY) Urteral Solen
 (duration) 10 yrs. 0 mos. 0 da.
18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) [Signature] M. D.
 (Address) Marshall 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 Hedge Park Cemetery DATE OF BURIAL Feb 24 1928
20. UNDERTAKER [Signature] ADDRESS Marshall MO

