

JUL 24 1928

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

Do not use this space.

19787  
46

1. PLACE OF DEATH  
 County Andrew, Registration District No. 13  
 Township..... Primary Registration District No. 10-10  
 City Savannah, (No. Dr. Nichol's Sanitorium, St. .... Ward)

2. FULL NAME Jessie Salisbury,  
 (a) Residence, No. .... St., .... Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident give city or town and State)

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 Edward V. Salisbury,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
55 11 29

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work At Home,  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1928

17. I HEREBY CERTIFY, That I attended deceased from May 11 1928, to June 15 1928, 1928 that I last saw him alive on June 15 1928, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Broncho-Pneumonia  
acute Pleurisy  
1101  
1076 (duration) yrs. .... mos. 11 ds.

CONTRIBUTORY (SECONDARY) 1076 (duration) yrs. .... mos. .... ds.

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? Physical findings  
6/15 (Signed) J. Mithery, M. D.  
1928 (Address) Savannah, 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.

9. BIRTHPLACE (CITY OR TOWN) Prince Edward Island  
 (STATE OR COUNTRY) Canada,

10. NAME OF FATHER John Currie  
Prince Edward Island  
 (STATE OR COUNTRY) Canada,

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

12. MAIDEN NAME OF MOTHER Anna McDonald,  
Prince Edward Island,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
 (STATE OR COUNTRY) Canada,

14. INFORMANT R. H. Salisbury,  
 (Address) Box 501 Glenrock, Mo.

15. June 18 1928  
 FILED....., 19..... REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chadron, Nebraska, DATE OF BURIAL June 18, 19 28

20. UNDERTAKER F. A. Bowman ADDRESS Savannah, 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.

