SEP 24 1928

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

Do not use this space.

26329

1. PLACE OF DEATH [illegible]

County ..... Registration District No. 20 ..... File No. .....

Township ~~Bedford~~ ..... Primary Registration District No. 5028 ..... Registered No. .....

City ~~Hamburg Ia~~ (No. ..... St. ..... Ward)

2. FULL NAME Virginia Salmond

(a) Residence. No. ..... St., ... Ward. Tarkio, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27-15

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	12	11	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School girl
(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) Mo.

PARENTS

10. NAME OF FATHER Jno. W. Salmond

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

12. MAIDEN NAME OF MOTHER Florence E. Farley

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

14. INFORMANT Jno. W. Salmond
(Address) Tarkio, Mo.

15. FILED Sept 25 1928 C. M. Haugh, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1928, to Aug 31, 1928, that I last saw her alive on Aug 31, 1928, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Thrombosis following operation for removing Tonsils

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Operated for Removal of Tonsils (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Aug 30 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) R. C. Danley, M. D.

, 19 (Address) Hamburg Ia

*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	DATE OF BURIAL
Home Cemetery	Sept 1 1928
20. UNDERTAKER	ADDRESS
J. M. Davis	Tarkio, 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.

8.: 5-2.