

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

Do not use this space.

29564

1. PLACE OF DEATH

County..... *Mo. base?*

Registration District No..... *896*

Township.....

Primary Registration District No..... *4542*

City..... *marshfield*

(No. St. Ward)

File No.....

Registered No..... *38*

2. FULL NAME

John N. Saulton

(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. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

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

married

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

Hannah Saulton

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

July 5, 1948

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

80

3

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(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)

Indiana

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT (Address)

*Greg Dalton
Marshfield Mo*

15.

FILED

8/31 28

J.M. Bruce

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

Aug 24 19 28

17.

I HEREBY CERTIFY, That I attended deceased from

Feb 1, 1928 to Aug 24, 1928

that I last saw him alive on *Jul 15, 1928*, and that death occurred, on the date stated above, at *10-10 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Chronic Bronchitis not
131 Tubercular
1068*

CONTRIBUTORY (SECONDARY)

Chronic Nephritis
(duration) *3* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

J.M. Bruce, M. D.
8/25, 1928 (Address) *Marshfield 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

DATE OF BURIAL

marshfield

8/25 1928

20. UNDERTAKER

ADDRESS

H. J. McManan

marshfield 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.

PERMANENT RECORD

7

1928

2