MAR 24 1930

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

Do not use this space.

1. PLACE OF DEATH

County ADAIR — Registration District No. 4 — File No. 3925

Township — Primary Registration District No. 3001 — Registered No. 18

City KIRKSVILLE MO, (No. 209 E ELM ST St. Ward)

2. FULL NAME JOSEPH SALTER

(a) Residence. No. 209 E ELM ST St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
MALE	WHITE	WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 19th 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	81 8	18	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RED BANK N J

PARENTS

10. NAME OF FATHER ~~XX DONTXKNOW~~ JOSEPH SALTER SR

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

12. MAIDEN NAME OF MOTHER DONT KNOW

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

14. INFORMANT Joseph A Salter
(Address) KIRKSVILLE MO

15. FILED 2/12, 1930 [signature] Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-7- 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1929 to Feb. 7, 1930 that I last saw h alive on 19, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A Cerebral
93C Apoplexy
82A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis, Myocarditis, Endocarditis (duration) 20 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

(Signed) Roy M. Wolf, DO M. D.
, 19 (Address) Kirksville, 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 BRUNSWICK MO — DATE OF BURIAL 2-9 1930

20. UNDERTAKER Davis & Wilson — ADDRESS Kirksville

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.

102 2 31 2

30 - 2 - 7
51 5 19

78 - 8 - 18