

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

Do not use this space.

**9016**

**1. PLACE OF DEATH**

County Callaway,  
Township.....  
City Fulton, Mo, (No. ...., ..... St. .... Ward)

Registration District No. 104  
Primary Registration District No. 3008

File No.....  
Registered No. 86

**2. FULL NAME** Susie Salmons,

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child,</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child,</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan, 21st, 1930</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>1</u>	<u>1</u>	<u>14</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>Child,</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... <u>DO</u>
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO, /

FATHER 13. NAME Orla Salmons,

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO,

MOTHER 15. MAIDEN NAME Edna Curneith,

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO,

17. INFORMANT (ADDRESS) Orla Salmons, Fulton, Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Carmel, DATE Nch, 6th, 1931

19. UNDERTAKER (ADDRESS) Merndon-Taylor Furn-Co# Fulton, Mo,

20. FILED 3-28-31 R. M. Creech Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5/31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 2/4/31, 1931, to 2/5/31, 1931  
I last saw him alive on 2/4/31, 1931. Death is said to have occurred on the date stated above, at About 11:30 A m.

The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia Date of onset 2/2/31 (about)  
IIA  
Influenza

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? X Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury X, 19.....  
Where did injury occur? X (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) A. H. Christian, M. D.  
(Address) Fulton Mo.

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.

