

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.

JUN 21 1932

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

18841

1. PLACE OF DEATH  
 13 County Caldwell Registration District No. 94  
 2 Township Breckenridge Primary Registration District No. 4056  
 3 City Breckenridge (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Laura Ellen Salisbury  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 56 yrs. mos. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jates Salisbury</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 2 1861</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>2</u>
	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		<input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warrenton MO</u>		
FATHER	13. NAME <u>David C. Parker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind, 2</u>	
MOTHER	15. MAIDEN NAME <u>Martha Jane Moore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warrenton MO</u>	
17. INFORMANT (ADDRESS) <u>Mrs. H. A. Hensel, Breckenridge MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rosehill Cemetery</u> DATE <u>June 18 1932</u>		
19. UNDERTAKER (ADDRESS) <u>J. M. Beck, Breckenridge MO</u>		
20. FILED <u>June 17 1932</u> <u>E. A. Thompson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1932

22. I HEREBY CERTIFY That I attended deceased from May 21, 1932, to June 16, 1932.  
 I last saw her alive on June 16, 1932. Death is said to have occurred on the date stated above, at 5 P.m.  
 The principal cause of death and related causes of importance were as follows:  
Internal injuries sustained by falling. Injuring to walk alone. Fracture of left hip. Dislocation of hip capsule. Date of onset 5:21-32

Other contributory causes of importance:  
Paralysis of left side of 2 yrs duration. (complete)

Name of operation None Date of \_\_\_\_\_  
 What last confirmed diagnosis? Ray Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 accident, suicide, or homicide? Accident Date of injury 5-31 1932  
 Where did injury occur? In her room at home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Impacted into capsule fracture  
 Nature of injury By fall on wood floor while trying to walk alone

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) E. A. Thompson, M. D.  
 (Address) Breckenridge MO

