

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township
City Kirksville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. 18768
Registered No. 1021
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 116 E. Buchanan St., _____ Ward _____

(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>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elsie Salvage</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-8-1888</u>					
7. AGE YEARS <u>44</u>		MONTHS <u>8</u>		DAYS <u>24</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>United Shoe Machine Co.</u>					
10. Date deceased last worked at this occupation (month and year) <u>6-7-1933</u>			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>					
13. NAME <u>Ames D. Salvage</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>					
15. MAIDEN NAME <u>Hester Hauer</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>					
17. INFORMANT <u>Elsa Salvage</u> (ADDRESS) <u>319 Halleck, Moberly</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>6-4-1933</u>					
19. UNDERTAKER <u>Dee Riley</u> (ADDRESS) <u>Kirksville Mo.</u>					
20. FILED <u>6/4</u> 19 <u>33</u> <u>Earl Becker</u> Registrar.					

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1932, to April 24th, 1933
I last saw him alive on April 24th, 1933 Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:
Myocarditis - with
Angina pectoris
Chor. bronchitis and pleurisy
Date of onset 9/4/32

Other contributory causes of importance:
?

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical and laboratory etc. Was there an autopsy? 19

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (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 no
(Signed) Geo. F. Seward, M. D.
(Address) 104 1/2 N. Franklin, Kirksville Mo.

deputy

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.

JUL 20 1933

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1933-6-8 2
1888-9-8
44-8-24

1933

1888