

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

Do not use this space
22346
File No. _____
Registered No. **676**
St. _____ Ward _____

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, Mo. (No. Sunny Slope Hospital) St. _____ Ward _____

2. FULL NAME Ralph Salsberry
(a) Residence, No. 705 Angel Ave St. _____ Ward _____
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6, 1910</u>				
7. AGE	YEARS <u>22</u>	MONTHS <u>8</u>	DAYS <u>28</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>Invalid</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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sidley, Missouri</u>			
	13. NAME <u>Daniel Salsberry</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pollack, Missouri</u>			
	15. MAIDEN NAME <u>Lula Vaughn</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>			
	17. INFORMANT <u>Daniel Salsberry</u> (ADDRESS) <u>St. Joseph, Missouri</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Auburn</u> DATE <u>July 6, 1933</u>				
19. UNDERTAKER <u>Fleeman Mortuary, Inc.</u> (ADDRESS) <u>St. Joseph, Missouri</u>				
20. FILED <u>JUL 6 1933</u> <u>John R. Bender</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 4, 1933</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>June 1, 1933</u> to <u>July 4, 1933</u> I last saw him alive on <u>July 3, 1933</u> . Death is said to have occurred on the date stated above, at <u>8 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Pulmonary T. B.</u> Date of onset _____ <u>20A</u> <u>10</u>	
Other contributory causes of importance: <input checked="" type="checkbox"/>	
Name of operation _____	Date of _____
What test confirmed diagnosis? <u>Ray clinical</u>	Was there an autopsy? _____
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? <u>No</u> If so, specify _____ (Signed) <u>A. J. Smith</u> , M. D. (Address) <u>P.O. Box 99, St. Joseph, Mo.</u>	

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 very important.

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