

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 OCCURRENCE is very important.

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

Do not use this space.

39059

1. PLACE OF DEATH

5 County Barry Registration District No. 39
Township Flaterbelle Primary Registration District No. 5038
City Cassville, Mo. (No. _____ St. _____ Ward _____)

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unh.
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY AND YEAR) unh.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
apt. 63

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Female of Barry Co. County home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) unh.
(STATE OR COUNTRY)

10. NAME OF FATHER unh.

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

12. MAIDEN NAME OF MOTHER unh.

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

14. INFORMANT none
(Address)

15. FILED 12.7.1933 George Seuman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1933

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1933 to Dec. 1933
that I last saw him alive on Dec. 4, 1933 and that death occurred, on the date stated above, at 10:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of Insane.
73

CONTRIBUTORY (SECONDARY) 83
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Henry W. Salyer M. D.
, 19 (Address) Cassville, 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 Danper Field DATE OF BURIAL Dec. 7 1933
20. UNDERTAKER W. H. Koon ADDRESS Cassville, Mo.

3-1-31 No data available

JAN 3 1934

