

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

Do not use this space.

1. PLACE OF DEATH
 105 County Sullivan Registration District No. 853
 Township Park Primary Registration District No. 6120
 City Milan (No. _____) St. _____ (Ward _____)

2. FULL NAME Leviella Catherine Kusselman (Salisbury)
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. 4 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. 28003
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas H. Salisbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>5</u>	<u>69</u>	<u>9</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nega, Berry old Lake County

13. NAME George Kusselman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Penn.

15. MAIDEN NAME Elizabeth Paul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Jim Ryan
 (ADDRESS) Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Parkville Mo. DATE July 21, 1934

19. UNDERTAKER Priggen & Son
 (ADDRESS) Milan, Mo.

20. FILED July 31, 1934 Clio Hagan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 1934 to June 3, 1934
 I last saw him alive on June 3, 1934 Death is said to have occurred on the date stated above, at 9:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
930
930
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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 _____
 (Signed) Carl Jackson, M. D.
 (Address) Milan, 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.

AUG 14 1934

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