SEP 6 1934

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

Do not use this space.

28701

1. PLACE OF DEATH
County Clay
Township Liberty
City (No. St. Ward)

Registration District No. 201
Primary Registration District No. 5280

File No. 73
Registered No.

2. FULL NAME Mary E. Salter
(a) Residence, No. I.O.O.F. Home 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Salter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-4-1849

7. AGE YEARS 85 MONTHS 6 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

FATHER
13. NAME Richard Birdwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER
15. MAIDEN NAME Elizabeth Dickson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) I.O.O.F. Records Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cemetery DATE 8-11 1934

19. UNDERTAKER (ADDRESS) Hessel Myers Liberty Mo

20. FILED 8-11 1934 E T Brant Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10 1934

22. I HEREBY CERTIFY That I attended deceased from June 10 1934 to Aug 10 1934
I last saw her alive on Jan 7 10 1934 Death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Other contributory causes of importance:

Heat prostration

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) H Matthews, M. D.
(Address) Liberty Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD