

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.

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SEP 10 1934

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

Carlesle  
Do not use this space.

30353

1. PLACE OF DEATH

County Polk Registration District No. 11  
Township Salina Primary Registration District No. 3032  
City Salina (No. 317 & Salina) St. Salina Ward

File No. 293  
Registered No. 668

2. FULL NAME

(a) Residence, No. 317 E Sal. St. Salina 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missie Gwin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1848  
7. AGE YEARS 85 MONTHS 9 DAYS 16 If LESS than 1 day, hrs. or min.

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

MOTHER FATHER 13. NAME John Gwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Mary Mills

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

17. INFORMANT (ADDRESS) Dorley Gwin Salina mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cypress Hill DATE Aug 19 1934

19. UNDERTAKER (ADDRESS) Missie Gwin Salina mo

20. FILED 7-19- 19 34 Jean Slack Registrar. 8/18/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1934  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1934 to Aug 18 1934  
Last saw him alive on Aug 18 1934 Death is said to have occurred on the date stated above, at 12 A m.  
The principal cause of death and related causes of importance were as follows:

95B  
157  
Cardio-Nephritic  
Date of onset Jan 1 1934  
Other contributory causes of importance Fracture

Name of operation None Date of None  
What test confirmed diagnosis? Findings 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 None, 1934  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? If so, specify no  
(Signed) Jno B Carlesle M. D. M.D.  
Adelina mo

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