JAN 8 1935

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

Do not use this space.

File No. 42158

Registered No.

1. PLACE OF DEATH
County: Leadwell
Township: Mineable
City: ~~Mineable Mo~~ (No. ..... St. ..... Ward)
Registration District No. 101
Primary Registration District No. 3149

2. FULL NAME: William Clark Salisbury

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 48 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Ella Leslvin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5 1852

7. AGE: Years 82 | Months 7 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
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): Rhode Island

FATHER
13. NAME: Gilbert Salisbury
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rhode Island

MOTHER
15. MAIDEN NAME: Myra Louisa Leslvin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rhode Island

17. INFORMANT (ADDRESS): Olive Salisbury, Mineable, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE: Kingston DATE: Dec 18, 1934

19. UNDERTAKER (ADDRESS): Pembrin & Clark, Kingston Mo.

20. FILED: Dec 22, 1934 Mrs Ora Sloan, Registrar.

4. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1934, to Dec. 17, 1934
I last saw him alive on Dec. 15, 1934. Death is said to have occurred on the date stated above, at 9:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (Acute)	Dec. 6
Chronic Myocarditis	yrs. ago
73 yrs	

Other contributory causes of importance:

Generalized Arteriosclerosis	yrs ago
Bronchopneumonia (Terminal)	Dec 17

Name of operation ..... Date of .....
What test confirmed diagnosis? — 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) L. E. Goldberg, M. D.
(Address) Polo, 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.