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

Do not use this space.

DEC 30 1935

1. PLACE OF DEATH

County Wright Co. — Registration District No. 908 — File No. 35005

Township — Primary Registration District No. 4549 — Registered No. 69

City Mtn Grove (No. , St. Ward)

2. FULL NAME Nellie Francis Salyer

(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. 1 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1913

7. AGE — YEARS: 22 — MONTHS: 1 — DAYS: 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. girl 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) Texas Co. Mo.

FATHER

13. NAME Norman M. Salyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME Nellie Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Nellie Murphy Houston Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Emery Cemetery DATE Oct 28 1935

19. UNDERTAKER (ADDRESS) Gaylord V. Elliott Houston Mo.

20. FILED 11-2- 1935 Bernice Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1935, to Oct 26, 1935

I last saw her alive on Oct 26, 1935. Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

Gun Shot Wound (Suicide)

Date of onset

Other contributory causes of importance

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Name of operation none 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 Self

Nature of injury Gunshot

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. A. Ryan, M. D.

(Address) Mtn Grove

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
1-M-3-28-35