JAN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Pettis — Registration District No. 664 — File No. 40567

Township Green Ridge — Primary Registration District No. 3-882 — Registered No. 15

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Jacob S. Salmon

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Cora Raines Salmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	8	11	

OCCUPATION

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

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) Birmingham Alabama

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Glenn Salmon Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Climax Springs, Mo. DATE Dec. 4 1935

19. UNDERTAKER (ADDRESS) Huston-Turner Windsor, Missouri

20. FILED Dec 9 1935 G. R. Shelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from No attendance, 19..., to ....., 19....

I last saw him alive on Oct 24, 1935. Death is said to have occurred on the date stated above, at 8:30 A. M.

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

	Date of onset
Cerebral Hemorrhage	12-2-35

Other contributory causes of importance: No Knowledge

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. A. Blackmore, M. D.

(Address) Windsor, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXA... ANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... is very important.

WRITE PLAINLY

Items #2, 13, 14, 15, 16, amended by affidavit of next of kin 11-18-98

JAN 18 1936

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

Do not use this space.

40567

1. PLACE OF DEATH

80

County Pettis — Registration District No. 664 — File No.

Township Green Ridge — Primary Registration District No. 5882 — Registered No. 15

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Jacob ~~S. Salmon~~ == Shepherd Salmons

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Cora Raines Salmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	8	11	

OCCUPATION

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

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) Birmingham Alabama

FATHER

13. NAME Jacob Salmons ~~Unknown~~

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Sarah Ann Martin ~~Unknown~~

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Glenn Salmon Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Climax Springs, Mo. DATE Dec. 4 1935

19. UNDERTAKER (ADDRESS) Huston-Turner Windsor, Missouri

20. FILED Dec 9 1935 G. R. Shelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from No attendance, 19..., to ....., 19....

I last saw him alive on Oct 24, 1935. Death is said to have occurred on the date stated above, at 8:30 A. M.

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

	Date of onset
Cerebral Hemorrhage	12-2-35

Other contributory causes of importance: No Knowledge

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. A. Blackmore, M. D.

(Address) Windsor, Mo.