

APR 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County GentryRegistration District No. 314

Township

Primary Registration District No. 4190City Stanberry (No. _____)File No. 10118Registered No. 14

St. _____ Ward _____

2. FULL NAME Charles H. Salmadge(a) Residence No. Stanberry Mo. St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 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

Wht

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Sarah Salmadge

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

12-18-1856

7. AGE

YEARS
79

MONTHS

3

DAYS

11

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Retail farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Stock raising

10. Date deceased last worked at this occupation (month and year)

1913

11. Total time (years) spent in this occupation

27

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

Dallekreek Michigan

13. NAME

Jeremath Salmadge

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

Conventicut

15. MAIDEN NAME

Choebe Ann Hill

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

Michigan

17. INFORMANT (ADDRESS)

T. J. Salmadge
Stanberry Mo.

18. BURIAL, CREMATION, OR REMOVAL

Burial

PLACE

Highridge

DATE

3-31 1936

19. UNDERTAKER (ADDRESS)

F. E. Johnson
Stanberry Mo.

20. FILED

3/22/36 6 & 3/22/36
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29-1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept, 1935, to Mar 24, 1936I last saw him alive on Mar 24, 1936. Death is saidto have occurred on the date stated above, at 2 a m.

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

Acute entitled withhemorrhage from bowels

Date of onset

1206

Other contributory causes of importance:

Paralysis of about ayears durationName of operation None Date of _____What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes

If so, specify _____

(Signed) F. J. Salmadge, M. D.(Address) Stanberry 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

