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.

MAY 18 1936

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

Do not use this space.

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**1. PLACE OF DEATH**

County Buchanan, Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph, (No. 4011 King Hill Avenue St. Ward)

File No.

Registered No. 573

**2. FULL NAME** Hattie Ethel Salter,

(a) Residence, No. 4011 King Hill Ave. St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 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) |
|---|---|---|
| Female | White | Widowed, |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1871

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 64 | 3 | 21 | |

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) April 1936,

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph County, Michigan,

PATHER

13. NAME Amos Smith,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, New York,

MOTHER

15. MAIDEN NAME Adaline Johnson,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, New York,

17. INFORMANT (ADDRESS) Mrs. Louis Eggleston Jr. 4011 King Hill Avenue,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE April 15, 1936

19. UNDERTAKER (ADDRESS) Heaton - BeGole & Bowman 319 So. 10th. St. Funeral Home

20. FILED 4-14 1936 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1935, to April 13th, 1936

I last saw her alive on April 13th, 1936 Death is said to have occurred on the date stated above, at 3:15 p.m.

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

| | Date of onset |
|---|---|
| Hypertensive arteriosclerotic cardio-renal disease | ? |
| Other contributory causes of importance: | |
| Aortic regurgitation | ? |
| Bronchial pneumonia | 2/21/36 |

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Name of operation none Date of

What test confirmed diagnosis? Clinical 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) C. S. Grant, M. D.

(Address) St. Joseph, Mo.