

MAY 19 1936

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

7 Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kansas City
City Kansas City

Registration District No. 009
Primary Registration District No. 002
(No. 23rd. &, Holmes - Research St. 1891 Ward)

File No. 15180
Registered No. 1891

2. FULL NAME Bill Salsman

(a) Residence, No. 315 Wheeler St., Neosho Missouri Ward. Neosho Missouri
(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 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 Mrs. Louise Salsman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1911

7. AGE YEARS 24 MONTHS 9 DAYS 2 IF LESS than 1 day, hrs. or min.

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

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

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) Rogers Ark

13. NAME Lois Salsman

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

15. MAIDEN NAME Mollie Seaman

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

17. INFORMANT Hospital Records (ADDRESS) Robert Hospital

18. BURIAL, CREMATION OR REMOVAL PLACE Neosho Mo. DATE 4-9-36

19. UNDERTAKER Katy Thompson (ADDRESS) Neosho Mo.

20. FILED 4-9-36 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 19 36

22. I HEREBY CERTIFY, That I attended deceased from 4-7-36, 19....., to 4-9-36, 19.....

I last saw him alive on 4-9-36, 19..... Death is said to have occurred on the date stated above, at 8:45 A.M.

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

Chronic glomerular nephritis

Date of onset

Other contributory causes of importance:

Acute cardiac dilatation

Uremia

Name of operation 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? No
If so, specify
(Signed) Robert C. Davis M. D.

(Address) Professional Bldg.

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.

