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

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.

I X7044

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

NOV 20 1936

Do not use this space.

36765

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1293

City St. Joseph. (No. 1815 Messanie St. Ward)

2. FULL NAME D. Floyd Salmons

(a) Residence, No. 1815 Messanie St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 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: Teckla Salmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12, 1867

7. AGE — YEARS: 69 — MONTHS: 7 — DAYS: 0 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Painter & Paperhanger
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rushville Mo.

FATHER

13. NAME: George Salmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

MOTHER

15. MAIDEN NAME: Betty Ann Trosper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

17. INFORMANT (ADDRESS): Mrs. Teckla Salmons 1815 Messanie St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn DATE Oct. 14, 1936

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St.

20. FILED 10/14, 1936 [signature] Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to ~~Jul~~ Oct 12, 1936
I last saw him alive on Oct. 12, 1936. Death is said to have occurred on the date stated above, at 4:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1935
Other contributory causes of importance: Acute acerbation of a chronic Bronchitis	Oct 8 1936

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) Gordon D. Wright, M. D.
(Address) 845-So. 19th St. Joseph, Mo.