

WHITE PRINT, 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.

DEC 18 1936

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

Do not use this space.

40248

1. PLACE OF DEATH

County Andrew Registration District No. 10 File No.
Township Marion Primary Registration District No. 4007 Registered No. 10
City Bauby (No.) St. Ward)

2. FULL NAME

Rebecca Jane Salmons
(a) Residence, No. St. Ward.
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
92 2 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Beardstown Ill.

FATHER
13. NAME David Gray

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

MOTHER
15. MAIDEN NAME Elvira Gray

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

17. INFORMANT (ADDRESS) Anna Matlock Bauby mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Schneider DATE 11-21 1936

19. UNDERTAKER (ADDRESS) E. G. Breit Savannah mo

20. FILED 11-23 1936 J. N. Alder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to 11-20, 1936
I last saw her alive on 11-17, 1936 Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Cerebral Apoplexy
Other contributory causes of importance:
None

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) Dr. U. R. Wilson M. D.
(Address) Beardstown mo

