

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township.....
City Washington, Mo. (No.)

Registration District No. 297
Primary Registration District No. 3016

File No. 40913
Registered No. 103
St. Ward)

2. FULL NAME

Margaret A. Salun
(a) Residence, No. Sullivan, Mo. R.F.D.#4 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emil J. Salun</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 30, 1911</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>7</u>
	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/>	11. Total time (years) and month and day spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk, Illinois</u>		
FATHER	13. NAME <u>August Dickmier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk, Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Mary Poppem</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk, Illinois</u>	
17. INFORMANT (ADDRESS) <u>Emil J. Salun, R.F.D.#4, Sullivan, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Keokuk, Illinois</u> DATE <u>Nov. 9, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Wm Casey & Co., St. Clair, Mo.</u>		
20. FILED <u>Nov 7 - 1936</u> <u>N.A. May</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936, to Nov 7, 1936

I last saw her alive on Nov 7, 1936. Death is said to have occurred on the date stated above, at 9:00 P.M.

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

Septicemia Date of onset

Caesarian Section

Other contributory causes of importance:
Contracted pelvis with two attempts at forceps delivery of child

Name of operation Caesarian Section Date of May 1, 1936

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? No (Give 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) Frank J. Mays M. D.
(Address) 811 W. 14th Washington, 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.

