APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Henry
Township Osage
City ..... (No. ..... St. ..... Ward)

Registration District No. 348
Primary Registration District No. 5486

File No. 12045
Registered No. 273

2. FULL NAME William Harrison Salsbury
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 31 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~~ Virginia W. Salsbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-22-1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	4	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fristo, Benton Co. Missouri

FATHER
13. NAME Jefferson Salsbury
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salsbury North Carolina

MOTHER
15. MAIDEN NAME Carolina M. Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardy Co. Whaf Known as West Va.

17. INFORMANT (ADDRESS) George H. Salsbury Browningtown, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maplewood DATE Mar. 14 1937

19. UNDERTAKER (ADDRESS) Fred Wilkinson Clinton, Mo.

20. FILED Mar. 14 1937 C. D. Taylor, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1937

22. HEREBY CERTIFY, That I attended deceased from Jan 2, 1937 to Mar 12, 1937
I last saw him alive on Mar 12, 1937. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Sciatic Neuritis — Date of onset 1-2-37

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Other contributory causes of importance: Chronic Interstitial Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) C. D. Taylor, M. D.
(Address) Browningtown, 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.