

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

Do not use this space.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important.

**JUN 16 1937**

1. PLACE OF DEATH  
 County Boone Registration District No. 73  
 Township Columbia Primary Registration District No. 3006  
 City Columbia (No. Boone County Hospital)  
 File No. 10414  
 Registered No. 132  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Minnie Jewel Salep  
 (a) Residence, No. Brown Station St. Ward \_\_\_\_\_  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-15-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>5</u>	<u>3</u>	<u>3</u>	

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) Boone County Missouri

13. NAME Ross Salep

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

15. MAIDEN NAME Frances Sanders

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

17. INFORMANT (ADDRESS) Ross Salep Brown Station, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia DATE 5-20-37

19. UNDERTAKER (ADDRESS) Parker Furniture Co. Columbia, Mo.

20. FILED: 5/19/37 Allie Selby Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-17- 1937, to 5-18- 1937  
 I last saw him alive on 5-15- 1937 Death is said to have occurred on the date stated above, at 3 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho. Pneumonia Date of onset 3-11-37

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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 None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. P. DeLoach M. D.  
 (Address) Columbia, Mo.

FILE OF  
DAVID OR  
BRIED ANDER

Records of Legation  
(9) (1911)  
Example  
AVP

1070

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Boone Registration District No. 93  
 Township \_\_\_\_\_ Primary Registration District No. 3006  
 City Columbia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 19414  
 Registered No. 132

DECEASED NAME Missie Jewel Gallup  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

4. COLOR OR RACE <u>W</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)			
7. AGE	YEARS <u>21</u>	MONTHS <u>3</u>	DAYS <u>3</u>
	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.		
	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) _____			
FATHER	13. NAME _____		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____		
MOTHER	15. MAIDEN NAME _____		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____		
17. INFORMANT (ADDRESS) _____			
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____			
19. UNDERTAKER (ADDRESS) _____			
20. FILED <u>7/24/1937</u> <u>Allie Selby</u> Registrar			

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18-1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho pneumonia  
 No complications  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? 1070 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) W. P. Dysart, M. D.  
 (Address) Columbia Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL ...

OCCUPATION

OCCUPATION

FATHER

MOTHER

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