

JUN 2 1 1937

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

Do not use this space

or Not used
20108
0449

1. PLACE OF DEATH
399 *Home R43*
County *St. Louis* Registration District No. *318*
Township *2. Central* Primary Registration District No. *5440*
City *Springfield* (No. *1*) St. *2* Ward *1*

2. FULL NAME *Turner & Salbreath*
(a) Residence, No. *R43* St. *2* Ward *1*
(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

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 24*, 19*37*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF *Mary Wedeworth*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1*, 1937, to *May 2*, 1937
I last saw him alive on *May 2*, 1937 Death is said to have occurred on the date stated above, at *6 a. m.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 21 1858*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 *7* *3*

March 3rd 1938

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. *Turner*

apoplexy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance

10. Date deceased last worked at this occupation (month and year)

22

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo*

13. NAME *Amador Salbreath*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Turner*

15. MAIDEN NAME *Margaret Shewright*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo*

17. INFORMANT (ADDRESS) *George L. Salbreath*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Springfield May 25-1937*

19. UNDERTAKER (ADDRESS) *Springfield*

20. FILED *May 25 1937* *George L. Salbreath* Registrar

Name of operation _____ Date of _____

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) *George L. Salbreath* M. D.

(Address) *Springfield*

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

