

AUG 20 1937

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

Do not use this space.

26967

1. PLACE OF DEATH

County Chariton Registration District No. 175
Township Salisbury Primary Registration District No. 4104
City Salisbury (No.) St. Ward

File No. Registered No. 35

2. FULL NAME

(a) Residence, No. 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 18707. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 34 67 5 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper9. 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) Missouri13. NAME Mrs Palmer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Lucy Pyle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs. Dr. W. Adams
Francis Hill mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Salisbury DATE July 3 193719. UNDERTAKER (ADDRESS) Geo B Wulffmeyer
Salisbury mo20. FILED 7/2 1937W. S. Hartung
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 193722. I HEREBY CERTIFY, that I attended deceased from July 1 1937 to July 2 1937that saw him alive on 4:30 pm 7/1 1937 Death is said to have occurred on the date stated above, at 1 1/2 m.

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

anomy embolus Date of onset Other contributory causes of importance: 95% 2Name of operation organ heart 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) W. S. Hartung, M. D.(Address) Salisbury 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.

