

SFP 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Salem
City Salem (N) St. _____ Ward _____

Registration District No. 290
Primary Registration District No. 5408

File No. 30699
Registered No. 111

2. FULL NAME

Nesley Linn Palmer

(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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 9 2 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manuf
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) Mo

13. NAME Ernest Palmer

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

15. MAIDEN NAME Rebecca Rogers

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

17. INFORMANT (ADDRESS) Ernest Palmer

18. BURIAL, CREMATION, OR REMOVAL PLACE friendship Ark DATE 7-15-37

19. UNDERTAKER McDaniel Funeral Service (ADDRESS) Salem Mo

20. FILED Sept. 13 1937 A. D. McDaniel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 14 1937

22. I HEREBY CERTIFY, that I attended deceased from Aug 12 1937 to Aug 14 1937
I last saw him alive on Aug 13 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:

Illio Gallitis Date of onset 7-10-37

Other contributory causes of importance: HA B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury _____, 19____
Where did injury occur? 0 (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? AW
Specify _____
(Signed) Dr. Offside M. D.
(Address) Salem 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.

1000

1000

1000

1000

1000

1000

1000