OCT 19 1937

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

Do not use this space.

33972

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No. 118

Township Fishing River — Primary Registration District No. 3011 — Registered No.

City Excelsior Springs, Mo. (No. ..., St. 3d Ward)

2. FULL NAME SALYER, Charles P.

(a) Residence, No. Veterans Administration Facility Ward. Lexington, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 18, 1872

7. AGE: Years 65 — Months 4 — Days 18 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

FATHER

13. NAME: Thomas Salyer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Eliza Steen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Soldier's Home Cemetery, Leavenworth, Ks. DATE: ~~XXX~~ 9-7-37, 19

19. UNDERTAKER (ADDRESS): John C. Prather, Excelsior Springs, Missouri

20. FILED: Sept. 9, 1937 — Lorna McCracken, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 5, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1937, 19, to Sept. 5, 1937, 19. I last saw him alive on Sept. 5, 1937, 19. Death is said to have occurred on the date stated above, at 4:20 m. p.m.

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

	Date of onset
Appendiceal abscess	
Other contributory causes of importance: Post operative toxemia	

Name of operation: Appendectomy — Date of: ~~8-3-37~~

What test confirmed diagnosis? — 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John E. Kelly, JOHN E. KELLY, MD, Manager, M. D.
(Address) Veterans Administration Facility, Excelsior Springs, Missouri

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.