

NOV 18 1937

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

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1. PLACE OF DEATH

 County Laclede
 Township
 City Liberian (No. St. Ward)

 Registration District No. 449
 Primary Registration District No. 4267

 File No. 38027
 Registered No.

2. FULL NAME

Anna Marie Saltsman

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Earl Saltsman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 15 1909</u>		
7. AGE	YEARS	MONTHS
	<u>28</u>	
		DAYS
		<u>10</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2</u>
	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) Laclede Co13. NAME Wm Kenneth14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo15. MAIDEN NAME Ida M Doss16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo17. INFORMANT Earl Saltsman
(ADDRESS) Liberian Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberian DATE 10/26 193719. UNDERTAKER W. E. Halman
(ADDRESS) Liberian Mo20. FILED 10-27-1937 J. A. M. Comb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/25 193722. I HEREBY CERTIFY, That I attended deceased from 10-22 1937 to 10-25 1937I last saw her alive on 10-25 1937 Death is saidto have occurred on the date stated above, at 3:30 p. m.

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

acute appendicitis Date of onset

bilateral Salpingitis

Free pus in abdomen

Other contributory causes of importance:
Peritonitis (secondary abdominal)

Name of operation Appendectomy, Bilateral Salpingectomy, Drainage Date of 10-21-37What test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where 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 124. Was disease or injury in any way related to occupation of deceased? no
If so, specify:(Signed) J. A. M. Comb, M. D.
(Address) Liberian 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.

3000

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

38027
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449

(b) Township _____ Primary Registration District No. 4267 Registered No. _____

(c) City Lebanon (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Marie Seltzman

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 28 10

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as 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. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 / 25 . 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____

I last saw him _____ 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:

acute appendicitis
botulism (wasp sting)
gonococcus origin

Date of onset _____

Other contributory causes of importance: 250

Name of operation _____ 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) J. H. Summers, M. D.
(Address) Lebanon ma

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-38027