DEC 27 1937

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

Do not use this space.

42080

1. PLACE OF DEATH

County Pemiscot — Registration District No. 6 5 6

Township Virginia — Primary Registration District No. 0 8 7 2

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Robert Elzie Saulsberry

(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 22 yrs. mos. 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 14 1897

7. AGE: YEARS 40 — MONTHS 1 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Nov. 11 - 1937

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Parris Tenn.

FATHER

13. NAME: J. W. Saulsberry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris Tenn.

MOTHER

15. MAIDEN NAME: Sarah Powers.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs. Claris Saulsberry Steel Mo R.P.D. 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Zion DATE 11-13 1937

19. UNDERTAKER (ADDRESS): German Mudt & Co Steele Mo.

20. FILED 12/10 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1937

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 A. m.

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

Gun Shot in the head Removing the top of his head.

Date of onset

Other contributory causes of importance:

167

Name of operation ..... Date of .....

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? Suicide Date of injury 11-12, 1937

Where did injury occur? Pemiscot County. (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? no

If so, specify .....

(Signed) Jack Kelly Coroner 4 ~~M.D.~~

(Address) Hayti Mo.

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

18

2

2

31