JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Clay
Township: Fishing River
City: Excelsior Springs No. ..... St. ..... Ward)
Registration District No. 198
Primary Registration District No. 3011
File No. 16745101
Registered No. .....

2. FULL NAME Randolph Salmons
(a) Residence, No. Excelsior Hospital St., ... Ward. Emerson, Iowa
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 21 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: Euphrie H. Salmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 11-1857

7. AGE: Years 80 Months 10 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2
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): Mills Co Iowa

FATHER
13. NAME: James Salmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Sarah Silkett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT: Eva Patterson
(ADDRESS) 220 no 19th St Council Bluffs Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Emerson, Ia. DATE: Dec 7, 1937

19. UNDERTAKER: Claude Pritchard
(ADDRESS) Excelsior Springs Mo.

20. FILED: Dec 4, 1937 Lorena M. Clarke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1937, to 12/6, 1937
I last saw him alive on Dec 6, 1937. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 12/2/1937
2
108

Other contributory causes of importance:
Anemia Hereditary Unknown

Name of operation: none Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

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: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. J. Clarke, M. D.
(Address) Excelsior Spgs 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.