

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

**3065**  
Do not use this space.

49  
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**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 408  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3030 Registered No. 27  
 (c) City Carthage (d) Street No. McCune - Brooks Hospital 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 3 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Clara Ethel Salyar 460  
 (a) Residence, No. 808 E. 3rd St. 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 Female 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 Leo L. Salyar  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 1893  
 7. AGE YEARS 44 MONTHS 11 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home  
 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) Greenfield (STATE OR COUNTRY) Missouri

FATHER 13. NAME Emanuel Brown  
 14. BIRTHPLACE (CITY OR TOWN) Pike County (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Jane E. Pierce  
 16. BIRTHPLACE (CITY OR TOWN) Marshfield (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Leo L. Salyar  
808 E. 3rd - Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Bark Cemetery DATE Feb 15 1938

19. FUNERAL DIRECTOR (ADDRESS) Knee Mortuary  
Carthage Missouri

20. FILED Feb 16 1938 W.M. Howard M.D. Local Registrar. 370

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 to Feb 12, 1938  
 I last saw her alive on Feb 12, 1938. Death is said to have occurred on the date stated above, at 11 P.M.  
 The principal cause of death and related causes of importance were as follows:

primary Bronchiogenic Carcinoma of right lung.  
General Metastasis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? ye

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? no  
 If so, specify \_\_\_\_\_ (Signed) George H. Wood M. D.  
 (Address) Carthage 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.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Emm Retnell, Licensed Embalmer No. 391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Emm Retnell

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**