

REC'D MAR 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County *Wodaway*Registration District No. *625*File No. *7352*

Township

Primary Registration District No. *3021*Registered No. *28*City *Maryville*(No. *St. Francis Hospital*)

St.

Ward

2. FULL NAME

(a) Residence, No. *416 Dorothy Louise Salfrank*

St.

Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Female White Married*

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

19

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF*John Salfrank*

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1, 19*38*, to *Feb 18*, 19*39*I last saw h. or alive on *Feb 17*, 19*39*. Death is saidto have occurred on the date stated above, at *5:30 pm*.

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

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

4-22-1913

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.*25**9**26*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Housewife*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)11. Total time (years)
spent in this
occupation*1*Eudotheliosis of base
(left scapula)
with metastases to lungs,
mediastinum, spine
& liver. *Dec 1938*Date of onset
1936

Other contributory causes of importance:

*53*12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Laraguet,
Iowa*

FATHER

13. NAME

*Henry Lauman*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Moscow
Iowa*

MOTHER

15. MAIDEN NAME

*Minnie Ebert*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Iowa*17. INFORMANT
(ADDRESS)*Mrs Henry Lauman
Western Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

*Greenhill Cem. Dard - 19*19. UNDERTAKER
(ADDRESS)*Dr J Bartholomew
Rock Br. Mo*

20. FILED

*2-21*19*39**Mamie E. Clardy*

Registrar

Name of operation

*Biopsy*Date of *1937*What test confirmed diagnosis? *Biopsy* 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed)

Edward B. Seale M. D.

(Address)

Rock Br. 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

District Health Officer No. 11,

District File Number 11-39-738

Date Filed MAR 11 1939

FEB 8 1950