WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 31 1930

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

Do not use this space.

18626

85

1. PLACE OF DEATH

County Buccanhan — Registration District No. 1001 — File No. —

Township — Primary Registration District No. — Registered No. 647

City St. Joseph (No. State Hospital #2. St. Ward)

2. FULL NAME Elizabeth Salmon (Elizabeth Salmons)

(a) Residence. No. St. Joseph Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James F. Salmons

Not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10, 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
76	5	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Female State Hospital

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Henry Blackford not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) not known Ohio.

12. MAIDEN NAME OF MOTHER Eliza Henderson not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio.
(STATE OR COUNTRY) not known

14. INFORMANT Hosp. Records
(Address) State Hosp #2 St. Joseph Mo.

15. FILED 1930 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1930, to June 1, 1930, that I last saw her alive on May 31, 1930, and that death occurred, on the date stated above, at 12 49 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Bladder

538

131 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) One yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of Death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) George W. Forman, M. D.

June 1, 1930 (Address) State Hosp #2 St. Joseph

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	June, 4, 1930
20. UNDERTAKER N. Meierhoffer	ADDRESS 1302 Faraon