

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

Do not use this space.

21635

File No. 14  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

98 County Schuyler Registration District No. 806  
Township Prarie Primary Registration District No. 6052  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sarah Abigail Salsbury  
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Salsbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 10 12

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. 235

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) Scotland County, MO

13. NAME George Purvis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Missouri

15. MAIDEN NAME Ellen Lafaver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Michigan

17. INFORMANT (ADDRESS) Mrs. Ralph Harsh Glenwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bible Grove DATE June 12, 1932

19. UNDERTAKER (ADDRESS) John A. Roberts Lancaster, Mo.

20. FILED 6/25 1932 George Harsh Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1932

22. I HEREBY CERTIFY That I attended deceased from May 10, 1932 to June 10, 1932  
I last saw her alive on June 10, 1932 Death is said to have occurred on the date stated above, at 10:30 P.M.  
The principal cause of death and related causes of importance were as follows:

"Flu"  
66B 66B  
11B  
Other contributory causes of importance: Exophthalmic Goiter  
Date of onset 4-15-32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) M. R. Johnson, M. D.  
(Address) Glenwood Mo.

N. B.—Every item of information should be carefully supplied. AGE, SEX, and OCCUPATION should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 27 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Schuyler  
Township Gracie  
City (No. ....) St. .... Ward)

Registration District No. 806  
Primary Registration District No. 605-2

File No. ....  
Registered No. ....

**2. FULL NAME**

Sarah Abigail Saulsbury

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Saulsbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 10 12

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Mo

13. NAME George Purvis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Ellen Danner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT (ADDRESS) Mrs. Rachel Harsh Glenwood Mo.

18. BURIAL, CREMATION, OR REMOVAL Bible Grove June 12 1932

19. UNDERTAKER (ADDRESS) John A. Roberts Kansas Mo.

20. FILED July 1 - 1932 Green Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932 to June 10, 1932

I last saw her alive on June 10, 1932 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:  
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Other contributory causes of importance:  
Exophthalmic Goiter

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? ..... 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? If so, specify .....

(Signed) N. L. Johnson, M. D.  
(Address) Glenwood Mo.

N. E. of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

6613

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