

OCT 21 1937

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

Do not use this space.

34621

1. PLACE OF DEATH

County Lawrence

Township Buckprarie

City Marionville

Registration District No. 468

Primary Registration District No. 5629

File No.

Registered No. 20

St. _____ Ward _____

2. FULL NAME Harry Salsberry

(a) Residence, No. New Cumberland West Virginia 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Not Known

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Not Known

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT H.M. Surridge (Coroner)
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Sept. 8 1937

19. UNDERTAKER King Funeral Home
(ADDRESS) Aurora MO.

20. FILED Oct. 9 1937 Laura O. Connady
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1937

22. HEREBY CERTIFY, That I attended deceased from after death, 19....., to....., 19.....
I last saw h..... alive on..... about, 19..... Death is said

to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Crushed head and chest

Other contributory causes of importance: no

Struck by Frisco train # 2 - 1 mi. N.E. of Marionville Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis Examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/5, 1937.
Where did injury occur? near Marionville Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Crushed head & chest
Nature of injury Struck by train

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Gertrude Surridge (Coroner)
(Address) Aurora 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.

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