

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.

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Brownington
City Brownington

Registration District No. 3484206
Primary Registration District No. 5486

File No. 45499
Registered No. 283
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode) Brownington Mo.
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-13-78
7. AGE YEARS 88 MONTHS 0 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

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

13. NAME Jeff Salisbury
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury N.C.

15. MAIDEN NAME Caroline Reel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT W. D. Stanley
(ADDRESS) Brownington Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brownington DATE 11-26-37

19. UNDERTAKER Field & Johnson
(ADDRESS) Chicago Mo.

20. FILED Dec. 26 1937 C. D. Taylor, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-37

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1937 to Dec-24 1937

I last saw him alive on Dec 24 1937 Death is said

to have occurred on the date stated above, at 5:50 PM

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

Staphylococcus
hemolyticus
Receiving Injury
Other contributory causes of importance aspir.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury Dec 19 1937
Where did injury occur? at home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Presumably Burn
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) R. D. Taylor M. D.
(Address) Brownington Mo.

