

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

41113
Do not use this space.

DEC 27 1937

1. PLACE OF DEATH

(a) County WEBSTER Registration District No. 496

(b) Township MARSH OZARK Primary Registration District No. 6194

(c) City or MARSHFIELD (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Amiel Salts

(a) Residence, No. Marshfield, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>52</u>	<u>4</u>	<u>25</u>	

OCCUPATION

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

9. Industry or business in which work was done, as 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) Rolla, Mo.

FATHER

13. NAME Wm Salts

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

MOTHER

15. MAIDEN NAME Lucetta K. Wright

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

17. INFORMANT (ADDRESS) Mellie Salts, Marshfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla, Mo. DATE Feb 6 1937

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs Harry McEwen, Rolla, Mo.

20. FILED Nov. 20 1937 Elysebeth Hughes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb - 1937 to Feb 4 1937

I last saw him alive on Feb 4 1937 Death is said to have occurred on the date stated above, at 9 A.M.

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

x Dropsy - Edema of lungs + fluid abdomen. Jaundice. Diarrhea - Melitens

Date of onset _____

Other contributory causes of importance: 54

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 _____, 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 W F Gehring M. D. (Signed) _____ (Address) New York Mo

K. 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. 6,

District File No. 1239-2609

Date Filed DEC 19 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.