

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

Do not use this space.

22255-4  
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**1. PLACE OF DEATH**

5 County Berry  
1 Township Walton  
6 City Cassville (No. ....)

Registration District No. 29  
Primary Registration District No. 5038

File No. ....  
Registered No. 49 St. .... Ward)

**2. FULL NAME**

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>R. G. Salzer, died</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4<sup>th</sup> 1848</u>		
7. AGE	YEARS	MONTHS
	<u>84</u>	<u>2</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Wt. Sterling, Montgomery Co. Ky</u>		
MOTHER	13. NAME <u>Aquilla Young</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
	15. MAIDEN NAME <u>Susan A. Anderson</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
17. INFORMANT <u>A. G. Salzer, Cassville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East Hill, Cassville</u> DATE <u>July 14<sup>th</sup> 1933</u>		
19. UNDERTAKER <u>James - Chiles, Cassville Mo</u>		
20. FILED <u>10/24/33 H. W. ... Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12<sup>th</sup> 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 19<sup>32</sup> to July 12 19<sup>32</sup>

I last saw him alive on July 13<sup>th</sup> 19<sup>33</sup> Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Carcinoma of Stomach Date of onset

Other contributory causes of importance:

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 Wm. H. Salzer, M. D.  
(Signed) Cassville Mo. (Address) .....

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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