

MAR 17 1936

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

Do not use this space.

5058

1. PLACE OF DEATH

County Chariton
Township Salisbury
City Salisbury (No.)

Registration District No. 175
Primary Registration District No. 4107

File No.
Registered No. 15
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 - 1852
7. AGE YEARS 84 MONTHS 1 DAYS 3 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.
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) Ky13. NAME John Owens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Cynthia Beard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT Frank Carter (ADDRESS) Salisbury Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury DATE Feb 10 193619. UNDERTAKER Geo B. Yunkelmuys (ADDRESS) Salisbury Mo.20. FILED Feb 9 1936 W. O. Carters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1936, to Feb 8 1936
I last saw h. er. alive on Feb 6 1936 Death is said to have occurred on the date stated above, at 6:50 P.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Blocked myocardium
Date of onset 2:5:36
7

Other contributory causes of importance:
Toxic adenoma of thyroid
?

Name of operation None Date of
What test confirmed diagnosis? None 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? No
If so, specify

(Signed) J. L. Hanson, M. D.
(Address) Salisbury 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.

