

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH  
County Bates  
Township Rockville Registration District No. 54 File No. 33266  
or Village Rockville Primary Registration District No. 5085 Registered No. 17  
or City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME Susan P. Preston

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Single MARRIED Widow WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH April 13, 1825  
(Month) (Day) (Year)

AGE 85 yrs. 7 mos. 2 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of Industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Harrison Co Ohio

PARENTS:  
NAME OF FATHER George Hale  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Harrison Co Ohio  
MAIDEN NAME OF MOTHER do not know  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) do not know

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 11, 1910, to Nov 15, 1910, that I last saw her alive on Nov-14, 1910, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH\* was as follows:  
Shock. Cause from a fall.  
Accidental.  
1810  
1810 (Duration) x yrs. x mos. 5 ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Chas. E. Powers M. D.  
Nov-15 1910 (Address) Rockville

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Appleton City Mo DATE OF BURIAL 11/16 1910

UNDERTAKER Walter Steiner ADDRESS Rockville Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. A. Preston  
(ADDRESS) Rockville Mo

Filed 11/16 1910 DD REGISTRAR

