

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

1 PLACE OF DEATH

County Adair  
Township .....  
or .....  
Village .....  
or .....  
City Kirksville

Registration District No. 4 File No. 4512  
Primary Registration District No. 3001 Registered No. 12  
(NO. IIIO S Wirst St. .... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Susan Canatsey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH Oct 16 1856  
(Month) (Day) (Year)

7 AGE 60 yrs. 3 mos. 25 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Houskeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) For Self

9 BIRTHPLACE (City or town, State or foreign country) Macon Co

PARENTS  
10 NAME OF FATHER Jorlah Canatsey  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky  
12 MAIDEN NAME OF MOTHER Sarah J Low  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) MO

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John Canatsey  
(Address) Carrallton Mo

15 Filed 2 11 1917 All Parnok  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 10 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 1, 1916, to Feb 10, 1917, that I last saw her alive on Feb 10, 1917, and that death occurred, on the date stated above, at 9:30 p.m.

The CAUSE OF DEATH\* was as follows:  
Tuberculosis of Lungs  
MA 28

(Duration) 1 yrs. ... mos. ... ds.  
CONTRIBUTORY (Secondary) Dysentery  
(Duration) 1 yrs. ... mos. ... ds.  
(Signed) John H Dodson M. D.  
82 N, 191... (Address) Kirksville Mo

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

18 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.....

19 PLACE OF BURIAL OR REMOVAL Inland Park DATE OF BURIAL 2 11 1917

20 UNDERLYING ADDRESS 114 N. 1st St. Kirksville

