AUG 16 1927

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

Do not use this space. 21234

1. PLACE OF DEATH
County Henry — Registration District No. 44 — File No.
Township — Primary Registration District No. 4211 — Registered No. 22
City Windsor (No. ... St. ... Ward)

2. FULL NAME Susan Lessley
(a) Residence. No. ... St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: G. L. Lessley
6. DATE OF BIRTH (month, day and year): July 22 - 1854
7. AGE: Years 72, Months 11, Days 17. If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeping
(c) Name of employer
9. BIRTHPLACE (city or town): Missouri
(State or country): Henry Co
PARENTS
10. NAME OF FATHER: Robert Evans
11. BIRTHPLACE OF FATHER (city or town) (State or country): Kentucky
12. MAIDEN NAME OF MOTHER: Tranquility Hill
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Kentucky
14. INFORMANT: G. L. Lessley
(Address): Windsor Mo
15. FILED July 10, 1927 R. Jennings, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year): July 9 1927
17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to July 8, 1927, that I last saw h... alive on July 8, 1927 and that death occurred, on the date stated above, at 5 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis from hemorrhage ... of Brain
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 74a1
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? →
(Signed) H. Mural, M. D.
7-9, 1927 (Address) Windsor Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hickory Point — DATE OF BURIAL: July 10 1927
20. UNDERTAKER: Chas A Carter — ADDRESS: Windsor

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.