

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

Do not use this space.

3805

1. PLACE OF DEATH

County Leman Registration District No. 875
Township Washington Primary Registration District No. 6762
City Washington St. _____ Ward _____

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Susan A. Creese Ward. _____
(Usual place of abode) State Hosp #3 (If nonresident give city or town and State)
Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 17 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

17. I HEREBY CERTIFY that I attended deceased from Nov 1 1928 to Jun 17 1928 that I last saw h.l. alive on Jun 17 1928, and that death occurred, on the date stated above, at 9:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-14-1852

THE CAUSE OF DEATH WAS AS FOLLOWS:
93C
95B

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 | 10 | 19 | |

acute dilatation of heart
(duration) 2 yrs. mos. da.

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) _____
(c) Name of employer _____

CONTRIBUTORY Chronic Myocarditis
(SECONDARY) (duration) 5 yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Id.
(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRIBUTED
IN (OR) AT PLACE OF DEATH.

10. NAME OF FATHER Mitchell P. Creese

19. DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Id.
(STATE OR COUNTRY) Id.

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) E. H. Coan M. D.

12. MAIDEN NAME OF MOTHER Susan A. Wells

1/17, 1928 (Address) Nevada Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Id.
(STATE OR COUNTRY) Missouri

*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.

14. INFORMANT State Hosp. Record
(Address) Nevada Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Springfield Mo DATE OF BURIAL 1-19-28

15. 26 1928 E. R. King
FILED REGISTER

20. UNDERTAKER Ferry Funeral Home Nevada 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.

