

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

Do not use this space.

13176

1. PLACE OF DEATH

County Jackson

Registration District No. 299

Township Rau

Primary Registration District No. 1002

City Kansas City (No. 3730)

College

File No. 1891

Registered No. 1891

St. _____ Ward _____

2. FULL NAME

Mrs. Susan S. Ebersole

(a) Residence. No. 3730 College St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

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

A. S. Ebersole

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug. 16, 1837

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>90</u>	<u>7</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Carey

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

John Sheridan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn.

12. MAIDEN NAME OF MOTHER

Miss Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn.

14.

INFORMANT Mrs. A. F. Stone
(Address) 3730 College

15.

FILED 4/2 28 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1928, to Apr. 1, 1928, that I last saw her alive on Apr. 1, 1928, and that death occurred, on the date stated above, at 8:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
myocardial stroke (duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Senility (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Don't know
19. DID AN OPERATION PRECEDE DEATH no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. A. Aebers, M. D.
4/2 1928 (Address) 638 Lathrop K.C. 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 Smithton, Mo. **DATE OF BURIAL** 4-3 1928

20. UNDERTAKER St. Newcomer's ADDRESS and K.C. 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.

PERMANENT RECORD

6388000

6204498

10-4.30