

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

Do not use this space.

15946

~~15176~~

File No. _____
Registered No. 15
St. _____ Ward _____

1072
1075

PLACE OF DEATH

County Webster
Township Seymour
City Seymour (No. _____)

Registration District No. 897
Primary Registration District No. 4543

2. FULL NAME Susie V. Lemons
(a) Residence. No. _____ 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. 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 5 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Lloyd Todd

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

12. MAIDEN NAME OF MOTHER Oliver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

14. INFORMANT L.R. Todd
(Address) Lawrence, Mo 64701

15. FILED 4-21-28 1928 L. Watson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1928

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1928 to April 20, 1928
that I last saw him alive on April 17, 1928, and that death occurred, on the date stated above, at 11:00 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Ruptured appendix

121A
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 1170
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W.F. Bollinger, M.D.
4-21-28 (Address) Seymour 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 W. E. Iron Cemetery DATE OF BURIAL 4-23 1928

20. UNDERTAKER L. Watson ADDRESS Seymour 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.

