

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

Do not use this space.

1. PLACE OF DEATH

County Ass
Township Index
City Garden City (No.) St. Ward)

Registration District No. 154
Primary Registration District No. 4088

File No. 16471
Registered No.

2. FULL NAME Susan A Macrae

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 J.R. Macrae

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug, 29, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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) Vir,

10. NAME OF FATHER John Hamdon Macrae

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

12. MAIDEN NAME OF MOTHER Sheldene A, Beach

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

14. INFORMANT J.R. Macrae
(Address) Garden City, Mo

15. FILED Frank B Ellis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 12 - 1929

17. I do HEREBY CERTIFY, That I attended deceased from May, 1928, to May - 12 - 1929, that I last saw him alive on May 12 - 1929, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiovascular
9:15
9:15
(duration) 1 yrs. 15 mo. 15 da.
CONTRIBUTORY Valvular heart disease
(SECONDARY)
(duration) 8 yrs. mo. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: X

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF

20. WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical test and paper test
(Signed) Frank B. Ellis, M.D.
, 19 (Address) Garden City 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 DATE OF BURIAL
Garden City Cemetery May 15 1929
20. UNDERTAKER ADDRESS
J.M. Kauffman Garden City 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.

62-8-13

UL 5

