SEP 26 1928

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

Do not use this space.

File No. 27656

Registered No. 88

1. PLACE OF DEATH

County: Jasper

Township:

City: Webb City No. ..... St. ..... Ward)

Registration District No. 417

Primary Registration District No. 3031

2. FULL NAME Mrs. Susanna Parlson

(a) Residence. No. 1018 N. Pearl 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: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 12, 1854

7. AGE: Years 74 | Months 11 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Bond County
(STATE OR COUNTRY): Ill

PARENTS

10. NAME OF FATHER: Frank Sandefer

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

12. MAIDEN NAME OF MOTHER: Tamar Young

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

14. INFORMANT: Mrs. A. R. Mitchell
(Address): Webb City Mo

15. FILED 8/9, 1928 P. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 3 1928

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1928 to Aug 3 1928 that I last saw h. alive on Aug 3 1928, and that death occurred, on the date stated above, at 12 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Green left ovarian & colon
Ca
538
(duration) ..... yrs. 10 mos. ..... ds.

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

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. L. Powell, M. D.

8/4, 1928 (Address) Webb 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: Mount Carmel Cem — DATE OF BURIAL: 8/5 1928

20. UNDERTAKER: Webb City Und Co — ADDRESS: Webb City

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.

THIS IS A PERMANENT RECORD