JAN 22 1929

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

Do not use this space.

40000

1. PLACE OF DEATH

County: Cooper — Registration District No. 218

Township: — Primary Registration District No. 3015

City: Boonville, Mo. (No. ..... St. ..... Ward)

File No. ..... Registered No. 111

2. FULL NAME Miss. Susan Mary Cleary

(a) Residence. No. 811 South 6th St. St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 21 1897

7. AGE Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
31	10	10	

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

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

PARENTS

10. NAME OF FATHER Edward Cleary
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boonville,
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Laura Bohen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boonville, Mo.
(STATE OR COUNTRY) Mo.

14. INFORMANT Miss Pauline Cleary
(Address) 811 South 6th St. Boonville

15. FILED Jan 2, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1928, to Dec 31, 1928 that I last saw h. alive on Dec 31, 1928, and that death occurred, on the date stated above, at 8.20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis chronic
92A (mitral stenosis)
107A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ~~Influenza~~ Bronchopneumonia
(duration) ..... yrs. ..... mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [signature], M. D.
, 19 (Address) Boonville, 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: Ss. Peter & Paul — DATE OF BURIAL: Jan. 2 1929

20. UNDERTAKER: Schwitzky-Meister — ADDRESS: Boonville Mo