

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

Do not use this space.

File No. 3143

1. PLACE OF DEATH

County Wheeler Registration District No. 757
 Township _____ Primary Registration District No. 3036
 City Wheeler (No. 322, North Second St. _____ Ward _____)

File No. _____
 Registered No. 5

2. FULL NAME Susan Talitha Mendall

(a) Residence. No. 322 No. 2nd 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John R. Mendall</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 11-1844</u>				
7. AGE	YEARS <u>84</u>	MONTHS <u>7</u>	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				

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

PARENTS	10. NAME OF FATHER <u>John Penn</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>
	12. MAIDEN NAME OF MOTHER <u>Elybeth Major</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

15. INFORMANT Mrs. B. Tuttle
 (Address) Wheeler, Mo

FILED 1/6 28 J. G. Bledsoe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1929
 17. I HEREBY CERTIFY, That I attended deceased from Dec 28 1928 to July 3 1929, that I last saw him alive on July 3 1929, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
119
105
 (duration) yrs. mos. da. _____
 CONTRIBUTORY (SECONDARY) Influenza
 (duration) yrs. mos. da. _____

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. Hardie M. D.
Jan 5, 1929 (Address) St Charles, 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 Wahsuma Cemetery DATE OF BURIAL July 6 1929
 20. UNDERTAKER W. H. Hallmeyer & Son Co ADDRESS Wheeler, 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.

EB 23 1929

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