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

Do not use this space.

20396

IN 28 1929

1. PLACE OF DEATH

County Schuyler — Registration District No. 804 — File No.

Township Salt River — Primary Registration District No. 6049 — Registered No.

City Greentop (No. ..... St. ..... Ward)

2. FULL NAME Susan M Wellbaum

(a) Residence. No. ..... 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: 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: Robt Wellbaum

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 1 1853

7. AGE: Years 76 — Months — Days 5 — If LESS than 1 day, ..... hrs. or ..... min.

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): Ohio

PARENTS

10. NAME OF FATHER: Robert Sparks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Martha Roilly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Robt Wellbaum
(Address) Greentop Mo

15. FILED 5-10-, 1929 — N. L. Johnson, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to May 6, 1929, that I last saw her alive on May 5, 1929, and that death occurred, on the date stated above, at 12-30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Mio Carditis

9 D 15 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Senility

(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) N. L. Johnson, M. D

5-15, 1929 (Address) Greentop 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: Greentop Mo — DATE OF BURIAL: May 8 1929

20. UNDERTAKER: L O Young — ADDRESS: Greentop 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.