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

Do not use this space.

32885

1. PLACE OF DEATH
County: Atchison Co Mo. Registration District No. 21
Township: W. Buchanan Primary Registration District No. 5030
City: ~~Hamburg Iowa~~ (No. ..... St. ..... Ward)

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

2. FULL NAME: Susie Ann Dovel
(a) Residence. No. ~~60~~ ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 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: Mr S. N. Dovel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 28-1845

7. AGE: Years 84 | Months 2 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 82A 111B
(b) General nature of industry, business, or establishment in which employed (or employer): General Housework
(c) Name of employer: self

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Argenbright
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Martha Ledwiller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: Mrs John Rossean
(Address): Hamburg Iowa

15. FILED: Nov 1, 1929 J A Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): October 15 1929

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1929, to October 15, 1929, that I last saw her alive on October 15, 1929, and that death occurred, on the date stated above, at 7 20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Terminal pneumonia following a light cerebral hemorrhage
(duration) 0 yrs. 3 mos. 0 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ✓ yrs. ✓ mos. ✓ 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) R. W. Sykes, M. D
, 19 (Address) Hamburg, Iowa

*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: Mt Zion Cemetery
DATE OF BURIAL: Oct 17 1929

20. UNDERTAKER: Harry N Mansfield
ADDRESS: Hamburg Iowa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa...