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

Do not use this space.

34578

1. PLACE OF DEATH
County Nodaway — Registration District No. 619 — File No.
Township — Primary Registration District No. 4370 — Registered No. 8
City Clearmont (No. ..... St. ..... Ward)

2. FULL NAME Suffrona Walters
(a) Residence. No. ..... 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: Isaac Walters

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 26 1853

7. AGE: Years 76 — Months 3 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Illinois

PARENTS
10. NAME OF FATHER: Augustus Watson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Mary Jane Rosebrary
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Wm Watson
(Address) Clearmont, Mo

15. FILED Oct 25 1929 — W H Wiley — REGISTRAR
Nov-12-29. C. P. Fryer M.E.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1929, to Oct 25, 1929, that I last saw her alive on Oct 25, 1929, and that death occurred, on the date stated above, at 12-10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis. Cause
Hemorrhage of Brain
82 A
82 B
duration ..... yrs. ..... mos. 4 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) W H Wiley, M. D.
Oct 25, 1929 (Address) Clearmont 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: Union Cemetery — DATE OF BURIAL: 10/26 1929

20. UNDERTAKER: Price Fur Co Maryville Mo — ADDRESS

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.