

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

Do not use this space.

223

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, Mo. Missouri Methodist Hosp. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 66

2. FULL NAME Infant Sussman  
 (a) Residence No. 2006 Holman St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 0

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None.  
 (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) St. Joseph, Mo.

10. NAME OF FATHER Lloyd W. Sussman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

12. MAIDEN NAME OF MOTHER Myrtle Elliott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

14. INFORMANT Lloyd W. Sussman  
 (Address) 2006 Holman St.

15. FILED \_\_\_\_\_ 19 \_\_\_\_\_  
John G. Galt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15, 1930 19  
 17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to one hour, 1930, and that I last saw h. im. alive on Jan 15, 1930, and that death occurred, on the date stated above, at 11:00 A.M. m.

160B THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
157 - Placenta Previa. Hemorrhage  
(parturition) 4 1/2 Mo. Gestation  
Premature birth (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Shock (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? Mo. Meth. Hosp.  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? operative clinical  
 (Signed) Bluesy H. Fournier, M. D.  
Jan 16, 1930 (Address) 215 P + S Bldg.

\*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. Auburn Cemetery DATE OF BURIAL Jan. 17, 1930

20. UNDERTAKER Walter Meinhoffer 1302 ADDRESS Faraon St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

661 838

JAN 17 1930

