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

Do not use this space.

461

1. PLACE OF DEATH

County: Cass — Registration District No. 152 — File No.

Township: Campbranch — Primary Registration District No. 5216 — Registered No. 2

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Susan Yoder

(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): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: M. L. Yoder

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 30, 1867

7. AGE: Years 62 — Months 9 — 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) Elkhart Co. Ind.

PARENTS

10. NAME OF FATHER: Jacob P Hooley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mifflin Co Pa.
12. MAIDEN NAME OF MOTHER: Polly Yoder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Wayne Co Ohio

14. INFORMANT: O. J. Hartzler
(Address) La Tour Mo.

15. FILED 1/31, 1930 — O. J. Hartzler, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 29th, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1930, to Jan 28, 1930, that I last saw h.. alive on Jan 28, 1930, and that death occurred, on the date stated above, at 12:12 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
100%
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (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) J. H. Scott, M. D.
1/31, 19 (Address) Harrisonville 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: Clearfork — DATE OF BURIAL: Jan. 31 1930

20. UNDERTAKER: A. D. Hartzler, — ADDRESS: East Lynne, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.