1125-Riverview

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

Do not use this space.

File No. 1127

Registered No. 1123

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 1002

City: K. C. (No. 3219 Bellefontaine St. Ward)

2. FULL NAME Susan L. Park

(a) Residence. No. 3219 Bellefontaine Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Monti C. Park

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10-1842

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	87	8	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gosport (STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Vance Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Ann Cristy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT Mrs. S. C. Hollingsworth (Address) 3219 Bellefontaine K.C. Mo.

15. FILED Jan 9, 1930 M. M. Crouse Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1930

17. I HEREBY CERTIFY, That I attended deceased from January 4, 1930, to January 9, 1930 that I last saw h. alive on Jan 8 10 P.M. 1930, and that death occurred, on the date stated above, at 1:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Influenza

(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? Usual clinical signs

(Signed) Herbert Tuttle, M. D.

Jan 9, 1930 (Address) 1125 Platte 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 Platte City, Mo. DATE OF BURIAL Jan 11 1930

20. UNDERTAKER L. A. Rollins ADDRESS Platte City

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.

2 1/2 2

Jan 4 influenza Capital Hotel - convalescing