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

Do not use this space.

1872

1. PLACE OF DEATH
County Madison — Registration District No. 538
Township St. Michael — Primary Registration District No. 5723
City ..... (No. ..... St. ..... Ward)

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

2. FULL NAME Susie Ann Hart

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Hart

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 16, 1866

7. AGE: Years 63 | Months 1 | Days 20 | 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): Perry Co. Mo.

PARENTS
10. NAME OF FATHER: Jepthea Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Perryville Mo.
12. MAIDEN NAME OF MOTHER: Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Perry Co. Mo.

14. INFORMANT: Mrs Arthur Littleton
(Address) Fredericktown, Mo.

15. FILED 31, 1930 C. [illegible] REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Jany 2, 1930, to 1-6, 1930, that I last saw her alive on 1-6, 1930, and that death occurred, on the date stated above, at 2 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
double
108
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 101 [illegible]
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W Harry Barron, M.D
1/6, 1930 (Address) Fredericktown 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: Libertyville, Mo. — DATE OF BURIAL: Jany 1930

20. UNDERTAKER: Ed. H. Webb — ADDRESS: Fredericktown, 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.