

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

Do not use this space.

21660X5

**1. PLACE OF DEATH**

County Linn  
Township Brandon  
City Brandon

Registration District No. 859  
Primary Registration District No. 6128

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Susan Catherine Haygraves

(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 DE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76      3      29

**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) Baltimore  
(STATE OR COUNTRY) Md.

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Dr. Guy B. Mitchell  
(Address) Brandon, Mo.

15. FILED 6/4/30 Pa. Thornhill  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1930

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1930, to June 3, 1930, that I last saw him alive on June 3, 1930, and that death occurred, on the date stated above, at about 12:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Apoplexy  
5 yrs.  
1/30  
Two hours (duration) \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Hypertension  
(SECONDARY) \_\_\_\_\_  
(duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? 7/40/1  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? Observation  
(Signed) Alvin Richmond M. D.  
, 19 \_\_\_\_\_ (Address) Brandon 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 Abaline Mo DATE OF BURIAL 6/7 1930

20. UNDERTAKER W. Whelchel ADDRESS Brandon

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.

