

AUG 20 1930

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

Do not use this space.

22094

1. PLACE OF DEATH
 County Caldwell Registration District No. 94
 Township Breckenridge Primary Registration District No. 5740
 City (No. _____) St. _____ Ward _____

2. FULL NAME Susan Byrd Mann
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 58 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Mann
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 1849
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
81 2 24
 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) Callaway Co Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Ruben Stanley
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Leatha Pullin
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) VA.
 (STATE OR COUNTRY)

14. INFORMANT Ed Mann
 (Address) Breckenridge Mo.

15. FILED July 28, 1930 E A Thompson
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1930
 17. I HEREBY CERTIFY, That I declared deceased from July 26, 1930, to July 26, 1930, that I last saw her alive on July 26, 1930, and that death occurred, on the date stated above, at 9:30 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46E
Endocarditis 92A
92A
 (duration) _____ yrs. _____ mos. 2 ds.
 CONTRIBUTORY Apoplexy - Carcinoma
 (SECONDARY)
of Liver (duration) 6 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 AT PLACE OF DEATH Breckenridge Mo
 DATE OF INJURY PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical Diagnosis
 (Signed) L H Brewer, M. D.
7-28, 1930 (Address) Breckenridge 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 Rose Hill Cemetery DATE OF BURIAL July 28 1930

20. UNDERTAKER T M O'Beir ADDRESS Breckenridge 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.

