

JUL 23 1930

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

Do not use this space.

23395

1. PLACE OF DEATH

County Lafayette  
Township Dover  
City Higginsville, Mo.

Registration District No. 460  
Primary Registration District No. 3623-B

File No. \_\_\_\_\_  
Registered No. 52  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Mary Susie Still

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

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

Tom Still Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb. 19th 1857

7. AGE

73

YEARS

MONTHS

4

DAYS

19

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Work

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

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

Lafayette Co. Mo.

10. NAME OF FATHER

William Rowe

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY) Matisha Livenhood

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

North Carolina

(STATE OR COUNTRY)

14. INFORMANT

Charles H. Rowe  
Higginsville, Mo.

15. FILED

7-9-30 Bessie P. Porter  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

July 8 - 1930

17.

I HEREBY CERTIFY, That I attended deceased from Oct 1927 to July 8 - 1930 that I last saw h. 2 alive on July 8 - 1930, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy  
81A  
82A

CONTRIBUTORY (SECONDARY)

Progressive Spinal Paralysis (chronic) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Clarence H. Davis, M. D.  
19 \_\_\_\_\_ (Address) Higginsville, 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

New Hope

DATE OF BURIAL

7/9/30

20. UNDERTAKER

H. H. H. H. Higginsville, 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.

PARENTS

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