

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

Do not use this space.

31826

1. PLACE OF DEATH

County Schuyler Registration District No. 806
 Township Franklin Primary Registration District No. 4485-
 City Queen City Mo (No. _____) St. _____ Ward)

2. FULL NAME Susan Miller

(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 25 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. B. Miller		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17th 1848		
7. AGE YEARS 82	MONTHS 3	DAYS 16
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House wife (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer Self		

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) **Mo**

PARENTS	10. NAME OF FATHER Benjamin Sloop
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Switzerland
	12. MAIDEN NAME OF MOTHER Mary Dresher
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

14. INFORMANT **Mrs D.C. Brenizer**
 (Address) **Queensity Mo.**

15. FILE NO. 845 1930 REGISTRAR J. J. Jones

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sep 3 1930**
 17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1920, to Sep 3, 1930 that I last saw her alive on Sep 3, 1930, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Colon
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) 45
 (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?
 (Signed) O. P. Grow M. D.
 , 19 _____ (Address) Queen City 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 Queen City County DATE OF BURIAL Sept 5 1930
 20. UNDERTAKER Wm. H. Smith ADDRESS Queen City

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1930

910

1951

1952

1953

1954