

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.

NOV 21 1938

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

Do not use this space.

1. PLACE OF DEATH  
 County Clark County Registration District No. 189  
 Township Clay Primary Registration District No. 5285  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Sussie Elizabeth Riney  
 (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.

File No. 32379  
 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 Eben Riney  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 24-1880  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 6 12  
 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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6 1938  
 17. I HEREBY CERTIFY, That I attended deceased from Oct '28, 1938, to Oct 6, 1938, that I last saw her alive on Oct 6, 1938, and that death occurred, on the date stated above, at 9:30 p.m. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

50 Carcinoma of left breast.  
 (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF Oct 1938  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) W. H. Mayo, M. D.  
 \_\_\_\_\_, 19 \_\_\_\_\_ (Address) Wayland

\*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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co.  
 10. NAME OF FATHER Jacob Tryon  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Pa.  
 12. MAIDEN NAME OF MOTHER Jane Tall  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Mo.  
 14. INFORMANT Mr. Eben Riney  
 (Address)  
 15. FILED 7:10 F. A. S. Rebo. M.D. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patrick DATE OF BURIAL Oct. 8 1938  
 20. UNDERTAKER F. D. Kelly ADDRESS Canton Mo.

