DEC 29 1930

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

Do not use this space.

35613

1. PLACE OF DEATH
County Clark
Township
City Kohoka (No. ..... St. ..... Ward)
Registration District No. 190
Primary Registration District No. 4113
File No.
Registered No. 44

2. FULL NAME Susanna Yates
(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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winfield S Yates

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	11	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clark Co
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John M Shepperson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Ruth J Boyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Iowa

14. INFORMANT Mrs Geo W Killdoo
(Address) Kohoka Mo

15. FILED 12/16, 1930 J R Bridges
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15" 1930

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1930, to Nov 15, 1930 that I last saw h..... alive on Nov 15" 1930 and that death occurred, on the date stated above, at 5:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of the Rectum
45 D
(duration) 2 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? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J R Bridges, M. D
12/16, 1930 (Address) Kohoka, 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 Chambersburg Mo Cem
DATE OF BURIAL Nov 16 1930

20. UNDERTAKER Fred J Karle Kohoka Mo
ADDRESS

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.