

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.

JAN 20 1930

36481-1

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

Do not use this space.

36481-B

1. PLACE OF DEATH

County Jackson
Township Sioux
City Main Valley (No. _____)

Registration District No. 402
Primary Registration District No. 5351B

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

Susie Ann Everhart

(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. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/16 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Wm. Everhart

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 6:30 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10-1864

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 1 6

Dead when I arrived some kind of heart disease

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) farming
(c) Name of employer _____

CONTRIBUTOR (SECONDARY) WOB (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

18. WHERE AS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH South Gate

10. NAME OF FATHER Thomas Armstrong

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Springs Mo DATE OF BURIAL 11/19 1930

12. MAIDEN NAME OF MOTHER Mary Huffer

20. UNDERTAKER W. Webb ADDRESS Oak Grove Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) U.S. of A.

14. INFORMANT James Everhart (Address) _____

15. FILED 12/31 1930 A W Mann REGISTRAR

*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.



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