

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

Do not use this space.

5512

File No. _____
Registered No. 602
St. _____ Ward _____

1. PLACE OF DEATH
 County Jackson Registration District No. 322
 Township 11 Ave Primary Registration District No. 300
 City 156, 710 (No. 520-S-Van Brunt) St. _____ Ward _____

2. FULL NAME Susanna Reed Davis
 (a) Residence. No. 520-S-Van Brunt Ward. 10
 (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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Leo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 - 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>8</u>	<u>5</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. None
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

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

PARENTS

10. NAME OF FATHER John H. Stetson

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

12. MAIDEN NAME OF MOTHER Susanna Reed Stevens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

14. INFORMANT Mrs Nellie Surwell
 (Address) 520-S-Van Brunt

15. FILED 2/9, 1931 M. M. Croome
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931 to Jan 7, 1931 that I last saw her alive on Jan 7, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
900
1930 (duration) yrs. 2 mos. ds.
 CONTRIBUTORY (SECONDARY) Valvular disease of heart (duration) yrs. 2 mos. ds.

18. WHERE THE DISEASE CONTRACTED Ohio
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____ (1)
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) H. Annally, M.D.
2-9, 1931 (Address) 65 20 Ind. Av

*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 St. Moriah DATE OF BURIAL Feb 10 1931

20. UNDERTAKER Rose & Henderson ADDRESS 15th Jackson

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.

6580 Jambly