

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.

APR 21 1931

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

Do not use this space.

9316

1. PLACE OF DEATH

County Dade Registration District No. 237
 Township Custer Primary Registration District No. 4144
 City Greenfield (No.) St. Ward)

File No.
 Registered No. 11

2. FULL NAME

(a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Stucky

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 4 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
House keeping
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
2301
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Slusser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Rough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Pearl Stucky
 (ADDRESS) K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia 710 DATE Mar 3, 1931

19. UNDERTAKER J. W. Ward
 (ADDRESS) Greenfield Mo

20. FILED Mar 3, 1931 E. Ball
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from 3 - 2, 1931, to 3 - 3, 1931

I last saw her alive on 3 - 2, 1931. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary T. B.
 Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Giesey, M. D.
 (Address) Greenfield Mo.

