APR 27 1931

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

Do not use this space.

13009

1. PLACE OF DEATH
County Webster — Registration District No. 899 — File No.
Township Jackson — Primary Registration District No. 6205 — Registered No. 3
City (No. , St. Ward)

2. FULL NAME Susan A. White
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Silas White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	85	11	28	

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) (STATE OR COUNTRY) Webster Co. Mo.

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Sylvester Petty
(Address) Marshfield

15. FILED 4-10 1931 Fred R. Whitson REGISTRAR

3 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1931, to March 7, 1931 that I last saw her alive on March 7, 1931, and that death occurred, on the date stated above, at 12-5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
(3) 3C
111 B
16 (duration) ? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (1) Hypostatic Pneumonia
(2) Senility (duration) — yrs. mos. (1) 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No
(Signed) C. R. Macdonnell, M. D.
March 10, 1931 (Address) Marshfield

*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	DATE OF BURIAL
Timber Ridge	3/11 1931
20. UNDERTAKER	ADDRESS
S. P. McMahan	Marshfield Mo