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.

JUN 24 1931

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

Do not use this space.

17390

1. PLACE OF DEATH
County: Texas
Township: Bowling Green
City: Dalton (No. , St. Ward)
Registration District No. 169
Primary Registration District No. 4099
File No.
Registered No. 18

2. FULL NAME: Sue Christopher

(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 1st 1864

7. AGE: Years 66 Months 5 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: all of her life
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): Keytesville Mo.

FATHER
13. NAME: Robert Christopher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Mat Christopher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Keytesville Mo.

17. INFORMANT (ADDRESS): Ophia Christopher Dalton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Keytesville DATE: May 5 1931

19. UNDERTAKER (ADDRESS): Hyde & Garnett Keytesville, Mo.

20. FILED: May 4 1931 H. E. Latimer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 2nd 1931

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1931, to May 2nd 1931
I last saw her alive on May 2, 1931. Death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilation of Heart - acute	5/1931
Mitral Stenosis with Regurgitation	1929

Other contributory causes of importance: Anemia

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? No
If so, specify
(Signed) Dr. O. K. Way D. O.
(Address) Dalton, Missouri

DEC 5 1955