

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

Do not use this space.

20277

1. PLACE OF DEATH

County Shelby
Township Waynes
City (No.) (St.) (Ward ..)

Registration District No. 833
Primary Registration District No. 6096

File No.
Registered No.

2. FULL NAME

Susan Ellen Gaines

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Divorced

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19, 1931

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

17. I HEREBY CERTIFY, That I attended deceased from 1931, to 19....., 19....., and that I last saw her..... alive on..... 19....., and that death occurred, on the date stated above, at 5:45 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14, 1857

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 5

The died suddenly in a few minutes after an attack probably of Angina P. I did not see her but had treated her for chronic nephritis, arterio sclerosis.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (SECONDARY) Cardio-renal-vascular disease (duration) ? yrs. mo. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

18. WHERE WAS DISEASE CONTRACTED IF NOT A PLACE OF DEATH? ?

10. NAME OF FATHER Ambrose Perry

DID AN OPERATION PRECEDE DEATH? No DATE OF

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leonard Cemetery DATE OF BURIAL May 21, 1931

12. MAIDEN NAME OF MOTHER Elizabeth Baker

WHAT TEST CONFIRMED DIAGNOSIS? none (Signed) P. G. Archer, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

(Address) Shelbyville, Mo.

14. INFORMANT S. P. Gaines (Address) Shelbyville, Mo.

*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.

15. FILED May 19, 1931 E. J. Howard REGISTRAR

20. UNDERTAKER J. W. Thompson Son ADDRESS Shelbyville, Mo.

May 20 1931

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PARENTS

