

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

Do not use this space.

30740

1. PLACE OF DEATH

County Carter Registration District No. 143
Township Carter Primary Registration District No. 5205
City South Van Buren (No.) St. Ward)

2. FULL NAME

Susa Emerine Hanger
(a) Residence, No. St. Ward. (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Richard Lee Hanger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 3 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Wayne Co. Kentucky (STATE OR COUNTRY)

13. NAME William Smith

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

15. MAIDEN NAME Anna C. Coffey

16. BIRTHPLACE (CITY OR TOWN) Wayne Co. Ken. (STATE OR COUNTRY)

17. INFORMANT Mrs. John Goodson (ADDRESS) Equal Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Dele Cem DATE Sept 27, 1931

19. UNDERTAKER W. C. Gray (ADDRESS) Van Buren Ave

20. FILED Sept 26, 1931 Dr. J. W. Cotton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1930, to Sept. 25, 1931
I last saw him alive on Sept. 25, 1931. Death is said to have occurred on the date stated above, at 20 m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Interstitial nephritis
131

Other contributory causes of importance: 132

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) J. M. Cotton, M. D.
(Address) Van Buren, Mo

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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.

OCT 28 1931

