

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

Do not use this space.

1. PLACE OF DEATH

4
 County Aspin Registration District No. 23
 Township Aspin Primary Registration District No. 4017
 City Benton City (No.) St. Ward)

File No. 39
 Registered No.
 St. Ward)

2. FULL NAME

Susie E. Holbrook
 (a) Residence, No. Benton City St. Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. O. Holbrook</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June, 8-1864</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>7</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>23rd St</u>		
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) <u>Mobile, Mo.</u>		
13. NAME <u>Frank Shaw</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mobile, Mo.</u>		
15. MAIDEN NAME <u>Amie Bond</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mobile, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Lula Dudley, Benton City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Benton City, Mo.</u> DATE <u>Jan. 20, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Pruitt, Benton, Mo.</u>		
20. FILED <u>Jan 30, 1932</u> <u>J. F. Johnson</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-7-1932 to 1-28-1932
 I last saw her alive on 1-28-1932 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Pleurisy
Pneumonia
 Other contributory causes of importance:
Emphysema

Name of operation None Date of

What test confirmed diagnosis? Physic (there an autopsy?) no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury, 19...
 Where did injury occur?, 19...
 (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) W. E. Conant, M. D.
 (Address) Benton City, Mo.

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.

FEB 20 1932

