

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

Do not use this space.

1923

1. PLACE OF DEATH

County Madgway
Township Hughes
City _____ (No. _____) St. _____ Ward _____

Registration District No. 622
Primary Registration District No. 6824

File No. _____
Registered No. 1

2. FULL NAME Mary Susie Pool

(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 White 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) Aug 28 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 4 15

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. 235

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) Knox Co Ohio 2

13. NAME John H Pool

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co Ohio

15. MAIDEN NAME Barbara Beath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co Ohio

17. INFORMANT Ella Pool Graham (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham DATE Jan 15 1932

19. UNDERTAKER Price Fun Co (ADDRESS) Marginal

20. FILED Jan 15 1932 Mrs E. L. Morgan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1932

22. I HEREBY CERTIFY That I attended deceased from 12-8-32 to 1-13-32

I last saw her alive on 1-12-32, 1932 Death is said to have occurred on the date stated above, at 2-30 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum Date of onset 1929

46046R

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Digital exam Was there an autopsy? no

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?
If so, specify _____

(Signed) E. M. Findley, M. D.

(Address) Graham, Mo.

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 25 1932

