

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.

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

Do not use this space.

1. PLACE OF DEATH

32

County DeKalb
Township Grand River
City Cameron Mo. (No.)

Registration District No. 260
Primary Registration District No. 5363

File No. 4210
Registered No.
St. Ward)

2. FULL NAME

Susan E Black
(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 11 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 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 Lawson Black

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7 - 1857

7. AGE YEARS 74 MONTHS 9 DAYS 26 If LESS than 1 day, ... hrs. or min.

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

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) (STATE OR COUNTRY) Mo.

13. NAME Wm. Fisher

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

15. MAIDEN NAME Margaret Wood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Ed Black (ADDRESS) Winston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Winston Mo DATE Feb 5, 1932

19. UNDERTAKER H E Stroup (ADDRESS) Winston Mo

20. FILED 2-5-32 Wmfred W. Mozer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1932 to Feb. 3, 1932.
I last saw her alive on Feb 2, 1932. Death is said to have occurred on the date stated above, at 3.0 m.

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

Other contributory causes of importance: 82 W

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?
If so, specify

(Signed) J C Borman, M. D.
(Address) Winston Mo

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