

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

Do not use this space.

9698

1. PLACE OF DEATH

8 County Randolph Registration District No. 733
 5 Township _____ Primary Registration District No. 458
 2 City Huntsville (No. _____) St. _____ Ward _____

2. FULL NAME Susan Jane Wilson

(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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30, 1961
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 16
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeping
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER Allen Hulett
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Bessie Thompson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

14. INFORMANT Joe Wilson
 (Address) Huntsville, Mo.

FILED Mar 18 1932 5 G Bragg
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 16 1932
 17. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to Mar 16, 1932 that I last saw her alive on Feb 27, 1932, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
92H apoplexy -
99 (duration) 1 yrs. mos. ds.
 CONTRIBUTORY arterio-sclerosis
 (SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
3/18/32 (Signed) A G Bragg, M. D.
 Address Huntsville

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL near Bynville Johnson Cemetery DATE OF BURIAL Mar 18 1932
 20. UNDERTAKER Tom B Patton ADDRESS Huntsville

X. 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. APR 28 1932

