

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

Do not use this space.

11309

1. PLACE OF DEATH

105 County Sullivan Registration District No. 849
Township Union Primary Registration District No. 6115
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME

Susan E. Dawkins
(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 Lewis Dawkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 17

OCCUPATION 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. on farm
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) West Virginia

MOTHER FATHER 13. NAME Joseph Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Elizabeth Giff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Lewis Dawkins

(ADDRESS) Green Castle Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Awasco Cem. DATE March 28, 1932

19. UNDERTAKER Glenn E. Trout

(ADDRESS) Green City, Mo.

20. FILED April 2, 1932 W. L. Ratzliff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932 to March 27, 1932
I last saw her alive on March 27, 1932 Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

Flue Broncho
Lung complication
11A
Other contributory causes of importance: 11A
Date of onset _____

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 no

(Signed) Ross H. Shepler, M. D.

(Address) Green 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.

APR 30 1932

