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.

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

Do not use this space.

16263

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2056
City Kansas City (No. 4321, Mersington St. Ward)

2. FULL NAME Susan Elma York
(a) Residence, No. 4321 Mersington 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 Fe
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Semer A York

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-22-1855

7. AGE YEARS 77 MONTHS 2 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Platt City Mo. 1

FATHER
13. NAME James Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va 2

MOTHER
15. MAIDEN NAME Elizabeth George
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT Emma Pettengill
(ADDRESS) 4321 Mersington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Excelsior Springs Mo DATE May 22, 1932

19. UNDERTAKER Mrs C L Forster
(ADDRESS) 918 Brooklyn R.R. Mo

20. FILED May 22, 1932 M. M. Crowe Assn Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1931, to May 20, 1932
I last saw her alive on May 16, 1932 Death is said to have occurred on the date stated above, at 5:45 P m.
The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver
probably Cancer

465
1240

Date of onset

Other contributory causes of importance:

466

Name of operation Date of
What test confirmed diagnosis? none 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) C. S. Merriman, M. D.
(Address) 1318 Bryant Bldg

Dr [illegible]
Bryant B[illegible]g
vic 1300
130 4