

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

Do not use this space.

26063

**1. PLACE OF DEATH**

County Jackson  
Township Bar  
City Blue Springs (No. ....)

Registration District No. 395  
Primary Registration District No. 4232

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Susan Ann Hamrick  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. H. Hamrick</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 7-1885</u>		
7. AGE <u>87</u>	YEARS <u>1</u>	MONTHS <u>24</u>
		DAYS <u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Robt Mundy</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	12. MAIDEN NAME OF MOTHER <u>Stanley</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>

14. INFORMANT M. M. Woodraker  
(Address) Blue Springs Mo  
15. FILED No 19 32 J. W. Felt  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1932  
17. I HEREBY CERTIFY, That I attended deceased from July 31, 1932, to Aug 1, 1932, that I last saw h. her alive on Aug 1, 1932, and that death occurred, on the date stated above, at 1:30 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1572 Isletic Pneumonia  
Aug 1  
(duration) yrs. mos. ds. 2  
CONTRIBUTORY (SECONDARY) Arterio Sclerosis  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED X

IF NOT AT PLACE OF DEATH. ①

DID AN OPERATION PRECEDE DEATH? No DATE OF 7

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Joseph B. Fisher, M. D.

19 (Address) Blue Springs Mo

\*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 Blue Springs Mo DATE OF BURIAL Aug 3 1932  
20. UNDERTAKER J. W. Stanley ADDRESS Blue Springs 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.

661 26 1932

9  
1945-6-1  
1945-8-1  
1945-6-7