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.

JAN 23 1933

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

Do not use this space.

39235

File No. .....

Registered No. 843

1. PLACE OF DEATH

39 County Greene

3 Township .....

5 City Springfield (No. 1433 Spring St. .....Ward)

Registration District No. 318

Primary Registration District No. 2001

2. FULL NAME Susan A. White

(a) Residence, No. 1433 Spring 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12-1844

7. AGE: Years 87 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

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) Va.

FATHER

13. NAME — Wright

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT E. L. White (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Maple Park Cemetery PLACE DATE Dec 6 1932

19. UNDERTAKER J. W. Klugger & Co. (ADDRESS) Springfield, Mo.

20. FILED 12-6-1932 Ralph W. Faught Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-29-1932, to 12-4-1932

I last saw her alive on 12-3-1932. Death is said to have occurred on the date stated above, at 8 14 m.

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

	Date of onset
~~11-29~~	
Lobar Pneumonia	11-29
10%	
10% 10%	

Other contributory causes of importance:

Senility

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) C. E. Zeller, M. D.

(Address) Springfield Mo

MARGIN RESERVED FOR BINDING