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.

82

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

Do not use this space.

41095

1. PLACE OF DEATH
County Pike
Township Indian
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 68C
Primary Registration District No. 5714

File No. .....
Registered No. 18

2. FULL NAME Susan C. Kilby

(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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 1850

7. AGE: YEARS 82 | MONTHS 10 | DAYS X | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Pike Co. 1

FATHER
13. NAME J. M. B. Chamberlain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 2

MOTHER
15. MAIDEN NAME Rachel Branstetter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co 1

17. INFORMANT (ADDRESS) Mr. Grant Chamberlain Curryville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kilby Cemetery DATE 12-12-1932

19. UNDERTAKER (ADDRESS) Grace Bankhead Bowling Green, Mo

20. FILED Dec 12, 1932 Lena E. Hendrix Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932 to Dec 8, 1932
I last saw her alive on Dec 8, 1932 Death is said to have occurred on the date stated above, at 9-30 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorage

Date of onset

Other contributory causes of importance:

Arteriosclerosis (1)

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) J. R. Shotwell, M. D.
(Address) Curryville Mo