

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

Do not use this space.

956

1. PLACE OF DEATH

39 County Linn Registration District No. 316
 1 Township Boyer Primary Registration District No. 1191
 6 City Ash Grove mo (No. _____ St. _____ Ward _____)

File No. _____
 Registered No. 2
 St. _____ Ward _____

2. FULL NAME Susan Bernettie Parnell

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 J. W. Parnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/16/1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 10 13

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.

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) Exerton, Boone Co. Mo

13. NAME Carr. Eliza Pondexter

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

15. MAIDEN NAME Elzada Denton

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

17. INFORMANT Emory Parnell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Grove DATE 1/29- 1933

19. UNDERTAKER Trugden Morris Seaman (ADDRESS) Ash Grove Mo

20. FILED 2/5 1933 Charles H. Crew Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28/1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to Jan 27, 1933

I last saw her alive on Jan 27, 1933 Death is said to have occurred on the date stated above, at 1:20 Am.

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

Chronic Interstitial Nephritis and Chronic Myocarditis.

Other contributory causes of importance: 131 73c 131

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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) Charles H. Crew, M. D. (Address) Ash Grove, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

1933

