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.

MAR 31 1933

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

Do not use this space.

7023

1. PLACE OF DEATH

94 County St. Francois — Registration District No. 773

Township St. Francois — Primary Registration District No. 6018A

Near ~~City~~ Farmington, Mo. (No. ..... , ... St. ..... Ward)

File No. .....

Registered No. 28

2. FULL NAME Susan Naunheim

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	11	8	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Board of Education.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensboro Ky.

FATHER

13. NAME Wm. Franklin Hawes

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawesville, Ky.

MOTHER

15. MAIDEN NAME Aurelia Combe

30 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Island of St. Thomas

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Burial PLACE Ky - Removalte St. Louis DATE February 25, 1933

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly St. Louis

20. FILED Feb 25, 1933 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Feb 25, 1933

I last saw her alive on Feb 24, 1933. Death is said to have occurred on the date stated above, at 7 30 a.m.

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

Cerebral hemorrhage — Date of onset 2-21-33

820 — 99

Other contributory causes of importance:

Generalized arteriosclerosis

Name of operation ..... 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) Fred Long, M. D.

(Address) Farmington