

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

Do not use this space.

12538

MAY 22 1933

1. PLACE OF DEATH

13 County Caldwell Registration District No. 98
6 Township..... Primary Registration District No. 4060
1 City Kingston (No.) St. Ward)

2. FULL NAME

Susan Mary Brown

(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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Brown 1862

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .. hrs. or .. min.
70 9 19

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

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 9

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

13. NAME Soleum Cheshire

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

15. MAIDEN NAME Mary Saleberg

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

17. INFORMANT Glenna Bell (ADDRESS) P.O. Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Kingston, Mo. DATE Apr 23 1933

19. UNDERTAKER Jno. W. Knipschild (ADDRESS) Hardin Mo.

20. FILED May 1 1933 Mrs E. F. Gartside Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11 1933 to April 11 1933

I first saw her alive on last night of April 10 1933. Death is said to have occurred on the date stated above, at 8:15 p.m.

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

From History of The Big Boat and previous examination showed worked diagnosis of Acute Dilatation of Heart

Other contributory causes of importance: Phonic Valvular Heart Disease

Name of operation None Date of 9/23/33
What test confirmed diagnosis: Microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? no
If so, specify ..

(Signed) W. D. House (Coroner)
(Address) Kingston, Mo.

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.

C. S.
C. S.
OK