

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

Do not use this space.

1. PLACE OF DEATH

5-8 County Linn Registration District No. 496
 1 Township Bronfield Primary Registration District No. 3025
 7 City Bronfield (No. Bronfield, Mo) St. #7 Ward

File No. 17065
 Registered No. 46

2. FULL NAME

Rose Susan Still
 (a) Residence, No. Moulton, Mo - R222 Ward.
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1932
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 10 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
 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) Macon, Mo.

13. NAME Fred Still

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co, Mo.

15. MAIDEN NAME Kathani Perry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co, Mo.

17. INFORMANT Fred Still (ADDRESS) Moulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Chapel DATE June 1, 1933

19. UNDERTAKER James M. Delight (ADDRESS) Moulton, Mo.

20. FILED 6-1-1933 W. E. Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/30, 1933
 22. I HEREBY CERTIFY, That I attended deceased from 5/30, 1933, to 5/30, 1933
 I last saw her alive on 5/30, 1933 Death is said to have occurred on the date stated above, at 11:00 p.m.
 The principal cause of death and related causes of importance were as follows:

122 B Date of onset
Intestinal Obstruction 2 da
122 B
 Other contributory causes of importance:
Interruption of small intestine into colon (Klippel's case) 3 da
 Name of operation Intestinal Ala Date of 5/30-33
 What test confirmed diagnosis? Op. V. Stiel 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? No.
 If so, specify ✓
 (Signed) James P. McTearney, M. D.
 (Address) Bronfield, Mo.

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. JUN 23 1933

