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.

SEP 26 1933

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

Do not use this space.

25835

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No.
Township " " — Primary Registration District No. 3009 — Registered No. 184
City " " (No. 1230, Ramsey St. St. Ward)

2. FULL NAME Susan Mary Niswonger
(a) Residence, No. 1230 Ramsey 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: 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: Wm J Niswonger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14 1867
7. AGE: YEARS 66 — MONTHS 3 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedgewickville Mo

FATHER
13. NAME: Isaac Prasnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedgewickville Mo

MOTHER
15. MAIDEN NAME: Mahelda Stotler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedgewickville Mo

17. INFORMANT (ADDRESS): Wm J Niswonger, Cape Girardeau Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sedgewickville Cem. DATE: 8-18 1933
19. UNDERTAKER (ADDRESS): Hamann's Funeral Home, Cape Girardeau Mo
20. FILED: 8/18 1933 W C Kaempfer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 16 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1933, to Aug 16, 1933
I last saw her alive on Aug 15, 1933. Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
59 Diabetes Mellitus	3 yrs
59	
Other contributory causes of importance: Gen Debility	1 yr

Name of operation: None — 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) Sylvester Doggett, M. D.
(Address) Cape Girardeau Mo