

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

Do not use this space.

35316

**1. PLACE OF DEATH**

97 County Scotland Registration District No. 810  
 2 Township Highell Primary Registration District No. 4488  
 2 City Memphis No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Susannah Jane Israel  
 (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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Israel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
82 3 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work house keeper  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren Co. Mo.

10. NAME OF FATHER J. C. Black

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Church

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

14. INFORMANT Mrs. Mary Eagle  
 (Address) Memphis, Mo.

15. FILED 10/10/33 C. C. Gerner  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1933

17. I HEREBY CERTIFY, That I attended deceased from now 10 1933, to Oct 10 1933  
 that I last saw her alive on Oct 10 1933 and that death occurred, on the date stated above, at 8-15 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

chronic valvular heart disease

CONTRIBUTORY (SECONDARY) large acute  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physic's

(Signed) A. E. Hatten, M. D.

, 19 \_\_\_\_\_ (Address) Memphis

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

McAdow cemetery 10/12/33

20. UNDERTAKER ADDRESS

H. W. Payne Sons Memphis

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.

NOV 10 1933

PARENTS

