

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.

1933
52
JAN 5

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

Do not use this space.

36985

1. PLACE OF DEATH
County Greene Registration District No. 441
Township Bee Ridge Primary Registration District No. 53-99
City Edina (No. _____) St. _____ Ward _____

2. FULL NAME Susan Ann Fay
(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 27 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maylou Fay
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1858
7. AGE YEARS 75 MONTHS 7 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. House keeper
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) Newhope Ohio

13. NAME Curtis Lindsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newhope Ohio

15. MAIDEN NAME Catherine McFadden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newhope Ohio

17. INFORMANT Maylou Fay
(ADDRESS) Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hammonton 11-12 1933

19. UNDERTAKER Mrs. W. Hudson
(ADDRESS) Edina Mo.

20. FILED Nov 11 1933 Mrs. C. M. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1931 to Nov 9 1933
I last saw him alive on Nov 5 1933 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ 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) W. H. Reynolds, M. D.
(Address) Edina Mo.

REPRODUCED FROM ORIGINAL RECORDS

S. NO. 7

