

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

Do not use this space.

41926

JAN 26 1934

PLACE OF DEATH

County.....
Township.....
City..... No.

Registration District No. 791
1003
Primary Registration District No.
St. St. Mary's Infirmary Ward)

File No.
Registered No. 10971

2. FULL NAME Susan Jimmie
(a) Residence, No. 4241 Moffett 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
abt 69

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Unknown

13. NAME Charles Coburne

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

MOTHER 15. MAIDEN NAME Minnie Harris

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

17. INFORMANT (ADDRESS) Ed Smith 1803 Woodson

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 12-23-33

19. UNDERTAKER (ADDRESS) A. S. Reed and Co. 237 E. Union St.

20. FILED 12-21-33 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 20 1933 to Dec 21 1933
I last saw her alive on Dec 21 1933 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:
Septic infection from cellulitis of rt. foot
Cause Unknown
Other contributory causes of importance: 3/4

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) R. W. White, M. D.
(Address) St. Mary's Infirmary

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.

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1945

1. The first part of the report deals with the general situation of the country and the progress of the war.

2. The second part deals with the economic situation and the measures taken to improve it.

3. The third part deals with the social situation and the measures taken to improve it.

4. The fourth part deals with the political situation and the measures taken to improve it.

5. The fifth part deals with the cultural situation and the measures taken to improve it.

6. The sixth part deals with the military situation and the measures taken to improve it.

7. The seventh part deals with the international situation and the measures taken to improve it.

8. The eighth part deals with the future of the country and the measures taken to improve it.

9. The ninth part deals with the conclusion of the report.

10. The tenth part deals with the appendix.