

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

Do not use this space.

1705

FEB 27 1934

PLACE OF DEATH

County Laclede
Township Union
City Conway (No. 425)

Registration District No. 448
Primary Registration District No. 5608

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME Susan Penila Freshour

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED THROUGH OR (OR) WIFE OF J. S. Freshour

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 8 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) Mo

13. NAME George Wammack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Creek

15. MAIDEN NAME Sally Hailey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Creek

17. INFORMANT J. S. Freshour
(ADDRESS) Conway, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Morgan DATE 1/23 1934

19. UNDERTAKER W. E. Holman
(ADDRESS) Lebanon Mo

20. FILED 2-14 1934 Geo. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1934

22. I HEREBY CERTIFY, That attended deceased from 1-16 1934 to 1-21 1934

I last saw her alive on 1-21 1934 Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

hemorrhage due to cancer of stomach
Date of onset _____
Other contributory causes of importance: 46

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) J. W. Lindsay M. D.
(Address) Conway

53
1
2
23
1
X
X

