

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.

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

Do not use this space.

OCT 12 1934

1. PLACE OF DEATH  
 County Franklin Registration District No. 295  
 Township Meramec Primary Registration District No. 4179  
 City Sullivan (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Susan Claspill  
 (a) Residence, No. Sullivan Mo Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 32448  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Claspill  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1854  
 7. AGE YEARS 79 MONTHS 11 DAYS 3 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 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) Sept. 1934 11. Total time (years) spent in this occupation Life  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Mo  
 MOTHER 13. NAME Albert Blanton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Mo  
 15. MAIDEN NAME May Pratt  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo  
 17. INFORMANT Albert S. Blanton  
 (ADDRESS) Sullivan Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE S. O. C. F. Cemetery DATE Sept. 20, 1934  
 19. UNDERTAKER (ADDRESS) Thos. J. Sheffer  
Sullivan Mo  
 20. FILED 10/9 1934 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1934, to Sept 18, 1934  
 I last saw her alive on Sept 15, 1934. Death is said to have occurred on the date stated above, at 11:35 A.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Indigestion and chronic myocarditis Date of onset 5 yrs  
936  
1186  
 Other contributory causes of importance: 936  
1186  
936  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis physician 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. P. Royce, M. D.  
 (Address) Sullivan Mo

