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.

OCT 13 1934

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

Do not use this space.

51

1. PLACE OF DEATH
County Johnson — Registration District No. 14 — File No. 33222
Township Jefferson — Primary Registration District No. 5587 — Registered No. 5
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Susan A. Mc Keehan
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Patrick Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 22-1842

7. AGE: YEARS 91 — MONTHS 10 — DAYS 24 — 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) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenneesee

FATHER
13. NAME: E.J.Kendrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): A.O.Mc Keehan, Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hickroy Point — DATE: Sept.18-34

19. UNDERTAKER (ADDRESS): HUSTON'S FUNERAL CHAPEL, Windsor, Missouri

20. FILED: Sept 18 1934 — J. Jennings Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept.16-34, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Sept 16, 1934
I last saw her alive on Sept 12, 1934. Death is said to have occurred on the date stated above, at 10am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1925
52	
131	
54	
Other contributory causes of importance:	
Cancer of face (Epithelioma)	1930

Name of operation: None — 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? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Leeton Mo