

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.

NOV 22 1934

1. PLACE OF DEATH

County Douglas  
Township Anna  
City Anna (No. ....)

Registration District No. 272  
Primary Registration District No. 4163-

File No. 35649  
Registered No. 30  
St. .... Ward

2. FULL NAME Susan Alberta Pace

(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 3 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 John W. Pace  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-1854  
7. AGE YEARS 80 MONTHS 7 DAYS 3 If LESS than 1 day, .... hrs. or .... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) Georgia  
13. NAME Erwell C. Hartman  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia  
15. MAIDEN NAME Susan Ann Poole  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Marybell Adams  
(ADDRESS) Anna mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Union Chapel DATE 10-28, 1934

19. UNDERTAKER C. W. Chikney  
(ADDRESS) Anna mo.

20. FILED 10-29, 1934 Henry Burke  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27, 1934  
22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Oct. 27, 1934  
I last saw her alive on Oct. 2, 1934. Death is said to have occurred on the date stated above, at 11 0 m.

The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial Nephritis Date of onset 20 yrs. ago

Other contributory causes of importance:  
13 1/2

Name of operation divert. bow Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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 BM Moruan M. D.  
(Signed) Anna mo  
(Address) Anna mo

