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.

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

NOV 13 1934

Do not use this space.

37008

1. PLACE OF DEATH
County Platte
Township May
City
Registration District No. 696
Primary Registration District No. 5928
File No.
Registered No. 39
(No. Linkville, Missouri St. Ward)

2. FULL NAME Susan Elizabeth Wayland
(a) Residence, No. St., Ward. Linkville, Missouri
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. W. Wayland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 6, 1857
7. AGE: YEARS 77 MONTHS 6 DAYS 22 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): Boone County Missouri

FATHER
13. NAME: Fountain Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Information

MOTHER
15. MAIDEN NAME: No information
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Information

17. INFORMANT (ADDRESS): B. Ketchum R #1, Platte City, Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Fayette, MO DATE Oct 31, 1934
19. UNDERTAKER (ADDRESS): Stine + McClure 3235 Gillham Plaza
20. FILED Nov 1, 1934 Mrs Francis E Murray Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to Oct 28, 1934
I last saw her alive on Oct 28, 1934. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration — Date of onset

930

Other contributory causes of importance: Cholelithiasis

Name of operation None 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) [signature], M. D.
(Address) Smithville, Mo

Dr. A. E. Spellman
Smithville Mo