

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.

FEB 28 1935

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

Do not use this space.

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## 1. PLACE OF DEATH

County ADAIR Registration District No. 4 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3001 Registered No. 6  
City KIRKSVILLE MO (No. 1512 SOUTH PORTER) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME SUSAN BELLE SCOFIELD

(a) Residence, No. 1502 S PORTER ST 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 <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>WIDOWED</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>WIDOWED</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>OCT 23 1860</b>				
7. AGE	YEARS <b>74</b>	MONTHS <b>2</b>	DAYS <b>25</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>HOUSE KEEPER</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>SELF</b>			
	10. Date deceased last worked at this occupation (month and year) <b>LIFE TIME</b>		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>LEE CO IOWA</b>				
MOTHER	13. NAME <b>JOHN P JOHNSON</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>NEW YORK STATE</b>			
	15. MAIDEN NAME <b>MARY BAGGS</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>NEW YORK STATE</b>			
17. INFORMANT <b>Emmet Scofield</b> (ADDRESS) <b>KIRKSVILLE MO</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>BEAR CREEK</b> DATE <b>1. 20th 1935</b>				
19. UNDERTAKER <b>DAVIS &amp; WILSON</b> (ADDRESS) <b>KIRKSVILLE MO</b>				
20. FILED <b>Jan 21, 1935</b> <b>Spencer Freeman</b> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1. 18 193522. I HEREBY CERTIFY, That I attended deceased from Aug 3 1935, to Jan 18 1935

I last saw her alive on Jan 18 1935 Death is said to have occurred on the date stated above, 11:25 a.m.

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

Date of onset

**cerebral Embolus**  
**Jan 18, 8 AM**  
**92**  
Other contributory causes of importance:  
**Endocarditis**  
**Several years**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Physical findings** 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) **Roy M. Wolf**, M. D.  
(Address) **Kirkville, Mo.**

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