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 25 1935

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

Do not use this space.

1115

1. PLACE OF DEATH

County JACKSON — Registration District No. 398 — File No.

Township — Primary Registration District No. 3019 — Registered No. 29

City INDEPENDENCE (No. 1425 N. OSAGE St. Ward)

2. FULL NAME MRS. SUSAN MCCUAN

(a) Residence, No. 1425 N. OSAGE 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: 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 P. McCuan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1855

7. AGE: YEARS 79 — MONTHS 1 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE
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) MARSHVILLE ARKANSAS

FATHER

13. NAME ANDREW S. VINEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

MOTHER

15. MAIDEN NAME MARYBRYANT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

17. INFORMANT (ADDRESS) JOHN J. MAJOR 638 S. PARK AVE. INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE WOODLAWN DATE JAN. 27, 1935 19

19. UNDERTAKER (ADDRESS) STAHL'S FUNERAL HOME 815 W. MAPLE AVE. INDEP. MO.

20. FILED 1-28, 1935 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 23, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1934, to Jan 23, 1935

I last saw her alive on Jan 23, 1935. Death is said to have occurred on the date stated above, at 9:00 PM

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

	Date of onset
Coronary occlusion	Jan 23-35
Sudden - attended by anginal pain	

Other contributory causes of importance:

arteriosclerosis — 94 b

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) J. C. Hickerson, M. D.

(Address) Independence Mo.