

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

Do not use this space.

MAR 4 1935

4119

1. PLACE OF DEATH

County Vernon
 Township Metz
 City Metz (No. _____)

Registration District No. 871
 Primary Registration District No. 45-25-

File No. _____
 Registered No. 2 Ward _____

2. FULL NAME Susan O. Ransom

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. E. Ransom</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-12-1853</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>2</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1935
 I HEREBY CERTIFY, that I attended deceased from Jan. 17, 1935, to Jan. 29, 1935.
 Last saw her alive on Jan. 29, 1935. Death is said

to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis & Pulmonary Edema

Date of onset

Other contributory causes of importance:
Provided by Labor Pneumonia

Name of operation _____ 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?
 If so, specify Religiosity, m. H., M. D.
 (Signed) _____ (Address) Rich Hill Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>
	13. NAME <u>Henry Cook</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>
FATHER	15. MAIDEN NAME <u>Narcisia Herney</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>
17. INFORMANT (ADDRESS) <u>Ransom Metz Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Underwood</u> DATE <u>Jan 31</u> , 19 <u>35</u>	
19. UNDERTAKER (ADDRESS) <u>Paul & Realey Rich Hill</u>	
20. FILED <u>Jan 30, 1935</u> <u>C. W. Musser M.D.</u> Registrar.	

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.

