

JUN 19 1935

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

Do not use this space.

15895

1. PLACE OF DEATH

County Clay Registration District No. 198 File No. _____
Township Excelsior Spgs. Primary Registration District No. 39th Registered No. _____
City Excelsior Spgs. (No. Excelsior Spgs. Saint Louis) Ward _____

2. FULL NAME

Hazel Suddaith
(a) Residence, No. 415 E Broadway Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. G. H. Suddaith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 4 —

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. _____

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) Cissers Ind.

13. NAME Geo Harbaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru

15. MAIDEN NAME Burton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clyde

17. INFORMANT G. H. Suddaith M. D.
(ADDRESS) Excelsior Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moran Cemetery DATE May 15 1935

19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs Mo.

20. FILED 14 1935 Wm. R. McLaughlin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1935

22. I HEREBY CERTIFY, That I attended deceased from March 26th 1935 to May 13th 1935

I last saw him alive on May 13th 1935. Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Acute Arachnoiditis
Complicating a severe attack
of influenza

Other contributory causes of importance: Massive hemorrhage from the brain occurred on May 8 & with help received - thought to be due to meningitic embolus

Name of operation _____ 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? _____ 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 none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. M. Mcgrath M. D.
(Address) Excelsior Springs Mo.

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.

OCCUPATION
MOTHER
FATHER

25
26
27
28

100

