JUN 21 1935

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

Do not use this space.

16780

1. PLACE OF DEATH
County Jackson — Registration District No. 403 — File No.
Township Brooking — Primary Registration District No. 5557 — Registered No.
City Little Blue (No. Little Blue St. Ward)

2. FULL NAME Susan Stanfill
(a) Residence, No. Little Blue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 55 yrs. 8 mos. 12 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 20-1861
7. AGE: YEARS 73 — MONTHS 8 — 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.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year): APRIL 1935
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

FATHER
13. NAME: John S. Settles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

MOTHER
15. MAIDEN NAME: Marmeria Watts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

17. INFORMANT (ADDRESS): Will Settles Little Blue Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Camp Ground DATE May 6 1935
19. UNDERTAKER (ADDRESS): George C. Carson Independence Mo
20. FILED 5/10 1935 W. W. Hobbs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 29 1935, to May 4, 1935
I last saw her alive on May 4, 1935 Death is said to have occurred on the date stated above, at 3:30A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insuffiency	2/5/33
Myocarditis Chronic	4/9/33

Other contributory causes of importance:
None

Name of operation None Date of ——
What test confirmed diagnosis? Physical Signs 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) W. W. Hobbs, M. D.
(Address) Raytown, Mo

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.

1004-11-24-33