



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

Do not use this space.

1. PLACE OF DEATH

County Daviess
Township
City Jamesport (No.)

Registration District No. 252
Primary Registration District No. 4152

File No.
Registered No. 49
St. Ward)

2. FULL NAME Susan Isabella Whitley

(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
73 8 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 11-7 1935 Nelle Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1935

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at.....

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

Date of onset

Other contributory causes of importance:

Fracture Surgical neck of right femur.

Name of operation..... Date of.....

What test confirmed diagnosis? X-ray Was there an autopsy?.....

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

Accident, suicide, or homicide? accident Date of injury Aug 21 1935

Where did injury occur? in garden phone Jamesport

(Specify city or town, county, and State.)

Specify whether injury occurred in industry, in home, or in public place.

at home

Manner of injury a fall

Nature of injury Fracture of Surgical Neck of R. femur

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) F. B. Bailey D.O.

(Address) Jamesport Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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