

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

Do not use this space.

OCT 23 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. **2825^a Gambell**)

File No. **30847**
Registered No. **7632**
St. _____ Ward _____

2. FULL NAME

Susie Malone
(a) Residence, No. **2825^a Gambell** St., **21** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. **4** 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 **Cel** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-8-1935**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 11-1865**
7. AGE YEARS **70** MONTHS **7** DAYS **27** If LESS than 1 day, _____ hrs. or _____ min.

22. I HEREBY CERTIFY, That I attended deceased from, **Aug. 12th 1935**, to **Sept. 8th 1935**. I last saw her alive on **9-7-** 19**35**. Death is said to have occurred on the date stated above, at **7 p. m.** The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Housewife**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset _____
Mitral Insufficiency
Other contributory causes of importance **92**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER FATHER 13. NAME **Richard King**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

MOTHER FATHER 15. MAIDEN NAME **Pollic**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT **Alma E. Ellison**
(ADDRESS) **2825^a Gambell St.**

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington D.C.** DATE **9/12** 19**35**

24. Was disease or injury in any way related to occupation of deceased? **(X)**
If so, specify _____

19. UNDERTAKER **R. M. C. Green**
(ADDRESS) **3517 Kansas Ave.**

(Signed) **J. H. Nickerson**, M. D.
(Address) **300th French Ave.**

20. FILED **SEP 11 1935** **J. F. Bredeck**
Registrar.

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.

WRITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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