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.

FEB 18 1936

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

Do not use this space.

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1. PLACE OF DEATH
County Barry — Registration District No. 30 — File No.
Township Monett — Primary Registration District No. 3003 — Registered No.
City Monett (No. ..... St. ..... Ward)

2. FULL NAME Susan Irene Stephenson
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1846
7. AGE YEARS 89 MONTHS 4 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Carroll County, Ark.

FATHER
13. NAME Jas. P. Ripley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County, Ark.

MOTHER
15. MAIDEN NAME Nancy Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dauk Knoll

17. INFORMANT (ADDRESS) Geo. P. Bodecker
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mineral Springs DATE 1-19- 1936
19. UNDERTAKER (ADDRESS) H. F. Bradford,
20. FILED 1-19- 1936 W. M. West
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-1936, 19

22. I HEREBY CERTIFY That I attended deceased from Nov. 1st, 1935, to Jan. 18, 1936
I last saw her alive on Jan. 14, 1936. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Senility — Date of onset ✓

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Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

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? No.
If so, specify
(Signed) D. E. Miller, M. D.
(Address) Monett, Mo.