

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

Do not use this space.

21641

JUN 27 1936

1. PLACE OF DEATH

County Schuyler
Township Lancaster
City Lancaster (No. _____)

Registration District No. 865
Primary Registration District No. 4484

File No. 74
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Susan Caroline Andrews

(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

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

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

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

Apr. 13-1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

81

29

At home

OCCUPATION

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)

Mo.

FATHER

13. NAME

Abram Maize

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

Ky.

MOTHER

15. MAIDEN NAME

Elizabeth Gray

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

Virginia

17. INFORMANT

(ADDRESS)

W. J. Andrews
Lancaster Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

I. O. O. F. cem. DATE May 14 1936

19. UNDERTAKER

(ADDRESS)

John A. Roberts
Lancaster

20. FILED

May 19 1936 Byrdie H. Drake
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 12 1936

22. I HEREBY CERTIFY, That I attended deceased from
May 11 1936, to May 12 1936

I last saw her alive on May 12 1936 Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

Carcinoma of Cervical glands

Date of onset

Other contributory causes of importance

Name of operation

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) Dr. R. E. Vaughan M. D.

(Address) Lancaster, 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.

