

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

Do not use this space.

'JUL 25 1936'

23687

1. PLACE OF DEATH

County *New Madrid*
Township *Postageville*
City *Postageville* (No. _____) St. _____ Ward _____

Registration District No. *1-16*
Primary Registration District No. *1361*

File No. _____
Registered No. _____

2. FULL NAME

Susan Treey Frances Rankin

(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) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *11-4-1854*

7. AGE YEARS *81* MONTHS *7* DAYS *23* If LESS than 1 day, _____ hrs. or _____ min.

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Irvington* (STATE OR COUNTRY) *Iowa*

FATHER 13. NAME *Thomas Rankin*

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

MOTHER 15. MAIDEN NAME *Simmons*

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

17. INFORMANT *Mrs. Horace Lupton* (ADDRESS) *Postageville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Hope Cemetery* DATE *6-30*, 19*36*

19. UNDERTAKER *No undertaker* (ADDRESS) *County*

20. FILED *7-6*, 19*36* *Mary W. Cortis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 28, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *June 27, 1936* to *6/28, 1936*

I last saw her alive on *6/28, 1936*. Death is said

to have occurred on the date stated above, at *12* m.

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

Date of onset

Apoplexy

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? _____

If so, specify _____

(Signed) *H. J. O'Kellus*, M. D.

(Address) *Postageville 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.

