

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

Do not use this space.

DEC 30 1936

43572

1. PLACE OF DEATH

County Vernon
Township Washington
City Washington (No.)

Registration District No. P75
Primary Registration District No. 6162

File No.
Registered No. 329
St. (Ward)

2. FULL NAME Susan Perry

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1935, to Nov 21, 1936

I last saw him alive on Nov 21, 1936 Death is said to have occurred on the date stated above, at 9:20 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1868

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or, min.
About 68 7 7

Emphysema of face
Date of onset 11/9/36

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

Other contributory causes of importance:

Chronic myocardial insufficiency
General arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huberman

FATHER 13. NAME Huberman

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

MOTHER 15. MAIDEN NAME Huberman

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

17. INFORMANT Asp. - read.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Burial Ph. DATE Nov. 24, 1936

19. UNDERTAKER Ciebinge
(ADDRESS) Newport, Mo

20. FILED Nov. 23, 1936 M. Ciebinge
Registrar.

Name of operation Date of operation

What test confirmed diagnosis? autopsy 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) F. L. Martin, M. D.

(Address) Nebraska

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.

John
S. Tolson
Laboch. Brown